STATE OF FLORIDA FLORIDA ELECTIONS COMMISSION

In Re: Dwight M. Bullard

Case No.: FEC 16-123

TO: Dwight M. Bullard 14842 Robinson Street Miami, FL 33176

Division of Elections 500 S Bronough Street, Room 316 Tallahassee, FL 32399

NOTICE OF HEARING (INFORMAL HEARING)

A hearing will be held in this case before the Florida Elections Commission on, May 17, 2017 at 8:30 am, or as soon thereafter as the parties can be heard, at the following location: Augustus B. Turnbull Conference Center, 555 West Pensacola Street, Room 214, Tallahassee, Florida 32301

Failure to appear in accordance with this notice will constitute a waiver of your right to participate in the hearing. Continuances will be granted only upon a showing of good cause.

This hearing will be conducted pursuant to Section 106.25, Florida Statutes, which governs your participation as follows:

If you are the Respondent, you may attend the hearing, and you or your attorney will have 5 *minutes* to present your case to the Commission. However, some cases (including those in which consent orders or recommendations for no probable cause are being considered) may be decided by an *en masse* vote and, unless you request to be heard or the Commission requests that your case be considered separately on the day of the hearing, your case will *not* be individually heard.

If you are the Complainant, you may attend the hearing, but you will *not* be permitted to address the Commission. In addition, some cases (including those in which consent orders or recommendations for no probable cause are being considered) may be decided by an *en masse* vote and, unless the Respondent requests to be heard or the Commission requests that the case be considered separately on the day of the hearing, the case will *not* be individually heard.

If you are an Appellant, and you have requested a hearing, you may attend the hearing, and you or your attorney will have 5 *minutes* to present your case to the Commission.

Please be advised that both confidential and public cases are scheduled to be heard by the Florida Elections Commission on this date. As an Appellant, Respondent or Complainant in one case, you will *not* be permitted to attend the hearings on other confidential cases.

The Commission will electronically record the meeting. Although the Commission's recording is considered the official record of the hearing, the Respondent may provide, at his own expense, a certified court reporter to also record the hearing.

If you require an accommodation due to a disability, contact Donna Ann Malphurs at (850) 922-4539 or by mail at 107 West Gaines Street, The Collins Building, Suite 224, Tallahassee, Florida 32399, at least 5 days before the hearing.

See further instructions on the reverse side.

<u>Amy McKeever Toman</u>

Executive Director Florida Elections Commission May 1, 2017 Please refer to the information below for further instructions related to your particular hearing:

If this is a hearing to consider **an appeal from an automatic fine**, the Filing Officer has imposed a fine on you for your failure to file a campaign treasurer's report on the designated due date and, by filing an appeal, you have asked the Commission to consider either (1) that the report was in fact timely filed; or (2) that there were unusual circumstances that excused the failure to file the report timely. You are required to prove your case. If the Commission finds that the report was filed timely or that there were unusual circumstances that excused the failer or in part. The Commission may reduce a fine after considering the factors in Section 106.265, Florida Statutes. If the Commission finds that the report was not timely filed and there were no unusual circumstances, the fine will be upheld.

If this is a hearing to consider a **consent order before a determination of probable cause has been made**, the Commission will decide whether to accept or reject the consent order. If the Commission accepts the consent order, the case will be closed and become public. If the Commission rejects the consent order or does not make a decision to accept or deny the consent order, the case will remain confidential, unless confidentiality has been waived.

If this is a hearing to consider a **consent order after a determination of probable cause has been made**, the Commission will decide whether to accept or reject the consent order. If the Commission accepts the consent order, the case will be closed. If the Commission rejects the consent order or does not make a decision to accept or deny the consent order, the Respondent will be entitled to another hearing to determine if the Respondent committed the violation(s) alleged.

If this is a **probable cause hearing**, the Commission will decide if there is probable cause to believe that the Respondent committed a violation of Florida's election laws. Respondent should be prepared to explain how the staff in its recommendation incorrectly applied the law to the facts of the case. *Respondent may not testify, call others to testify, or introduce any documentary or other evidence at the probable cause hearing.* The Commission will only decide whether Respondent should be *charged* with a violation and, before the Commission determines whether a violation has occurred or a fine should be imposed, Respondent will have an opportunity for another hearing at which evidence may be introduced.

If this is an **informal hearing**, it will be conducted pursuant Sections 120.569 and 120.57(2), Florida Statutes; Chapter 28 and Commission Rule 2B-1.004, Florida Administrative Code. At the hearing, the Commission will decide whether the Respondent committed the violation(s) charged in the Order of Probable Cause. The Respondent will be permitted to testify. However, the Respondent may not call witnesses to testify.

Respondent may argue why the established facts in the Staff Recommendation do not support the violations charged in the Order of Probable Cause. At Respondent's request, the Commission may determine whether Respondent's actions in the case were willful. The Respondent may also address the appropriateness of the recommended fine. If Respondent claims that his limited resources make him unable to pay the statutory fine, *he must provide the Commission with written proof of his financial resources* at the hearing. A financial affidavit form is available from the Commission Clerk.

17 4 3

STATE OF FLORIDA FLORIDA ELECTIONS COMMISSION

Florida Elections Commission, Petitioner,

v.

Case No.: FEC 16-123

Dwight Mitchell Bullard, Respondent.

/

ORDER OF PROBABLE CAUSE

THIS MATTER was heard by the Florida Elections Commission (Commission) at its regularly scheduled meeting on February 28, 2017, in Tallahassee, Florida.

On January 20, 2017, Staff recommended to the Commission that there was probable cause to believe that the Florida Election Code was violated. The facts articulated in Staff's Recommendation are adopted by reference and incorporated herein. Based on the Complaint, Report of Investigation, Staff's Recommendation, and oral statements (if any) made at the probable cause hearing, the Commission finds that there is **probable cause** to charge Respondent with the following violation(s):

<u>Count 1:</u>

On or about September 9, 2015, Dwight Mitchell Bullard violated Section 106.19(1)(a), Florida Statutes, when he accepted a contribution in excess of the limits prescribed by Section 106.08, Florida Statutes, from Florida Health Care Political Action Committee.

Count 2:

On or about September 1, 2015, Dwight Mitchell Bullard violated

Section 106.19(1)(a), Florida Statutes, when he accepted a contribution in excess of the limits prescribed by Section 106.08, Florida Statutes, from The Florida Education Association Advocacy Fund.

Count 3:

On or about March 21, 2016, Dwight Mitchell Bullard violated Section 106.07(2)(b)1., Florida Statutes, when he failed to timely file an addendum to his 2013 Q1 Report within seven days after receiving notice from the Department of State, Division of Elections, that the report required amendment.

Count 4:

On or about March 21, 2016, Dwight Mitchell Bullard violated Section 106.07(2)(b)1., Florida Statutes, when he failed to timely file an addendum to his 2014 M8 Report within seven days after receiving notice from the Department of State, Division of Elections, that the report required amendment.

Count 5:

On or about March 21, 2016, Dwight Mitchell Bullard violated Section 106.07(2)(b)1., Florida Statutes, when he failed to timely file an addendum to his 2014 M11 Report within seven days after receiving notice from the Department of State, Division of Elections, that the report required amendment.

Count 6:

On or about March 21, 2016, Dwight Mitchell Bullard violated Section 106.07(2)(b)1., Florida Statutes, when he failed to timely file an addendum to his 2014 M12 Report within seven days after receiving notice from the Department of State, Division of Elections, that the report required amendment.

Count 7:

On or about March 21, 2016, Dwight Mitchell Bullard violated Section 106.07(2)(b)1., Florida Statutes, when he failed to timely file an addendum to his 2015 M3 Report within seven days after receiving notice from the Department of State, Division of Elections, that the report required amendment.

Count 8:

On or about March 21, 2016, Dwight Mitchell Bullard violated Section 106.07(2)(b)1., Florida Statutes, when he failed to timely file an addendum to his 2015 M4 Report within seven days after receiving notice from the Department of State, Division of Elections, that the report required amendment.

<u>Count 9:</u>

On or about March 21, 2016, Dwight Mitchell Bullard violated Section 106.07(2)(b)1., Florida Statutes, when he failed to timely file an addendum to his 2015 M5 Report within seven days after receiving notice from the Department of State, Division of Elections, that the report required amendment.

Count 10:

On or about March 21, 2016, Dwight Mitchell Bullard violated Section 106.07(2)(b)1., Florida Statutes, when he failed to timely file an addendum to his 2015 M6 Report within seven days after receiving notice from the Department of State, Division of Elections, that the report required amendment.

<u>Count 11:</u>

On or about March 21, 2016, Dwight Mitchell Bullard violated Section 106.07(2)(b)1., Florida Statutes, when he failed to timely file an addendum to his 2015 M8 Report within seven days after receiving notice from the Department of State, Division of Elections, that the report required amendment.

Count 12:

On or about March 21, 2016, Dwight Mitchell Bullard violated Section 106.07(2)(b)1., Florida Statutes, when he failed to timely file an addendum to his 2015 M9 Report within seven days after receiving notice from the Department of State, Division of Elections, that the report required amendment.

Count 13:

On or about March 21, 2016, Dwight Mitchell Bullard violated Section 106.07(2)(b)1., Florida Statutes, when he failed to timely file an addendum to his 2015 M10 Report within seven days after receiving notice from the Department of State, Division of Elections, that the report required amendment.

Count 14:

On or about March 21, 2016, Dwight Mitchell Bullard violated Section 106.07(2)(b)1., Florida Statutes, when he failed to timely file an addendum to his 2015 M11 Report within seven days after receiving notice from the Department of State, Division of Elections, that the report required amendment.

Count 15:

On or about March 21, 2016, Dwight Mitchell Bullard violated Section 106.07(2)(b)1., Florida Statutes, when he failed to timely file an addendum to his 2015 M12 Report within seven days after receiving notice from the Department of State, Division of Elections, that the report required amendment.

The Commission finds that there is no probable cause to charge Respondent with violating

Section 106.19(1)(c)., Florida Statutes.

DONE AND ORDERED by the Florida Elections Commission on February 28, 2017.

M. Scott Thomas, Chairman Florida Elections Commission

Copies furnished to: Stephanie J. Cunningham, Assistant General Counsel Dwight Mitchell Bullard, Respondent Division of Elections, Complainant

NOTICE OF RIGHT TO A HEARING

As the Respondent, you may elect to resolve this case in several ways. First, you may elect to resolve this case by <u>consent order</u> where you and Commission staff agree to resolve the violation(s)s and agree to the amount of the fine. The consent order is then presented to the Commission for its approval. To discuss a consent order, contact the FEC attorney identified in the Order of Probable Cause.

Second, you may request an <u>informal hearing</u> held before the Commission, if you <u>do not</u> dispute any material fact in the Staff Recommendation. You have 30 days from the date the Order of Probable Cause is filed with the Commission to request such a hearing. The date this order was filed appears in the upper right-hand corner of the first page of the order. At the hearing, you will have the right to make written or oral arguments to the Commission concerning the legal issues related to the violation(s) and the potential fine. At the request of Respondent, the Commission will consider and determine willfulness at an informal hearing. Otherwise, live witness testimony is unnecessary.

Third, you may request a <u>formal hearing</u> held before an administrative law judge in the Division of Administrative Hearings (DOAH), if you dispute any material fact in the Staff Recommendation. You have 30 days from the date the Order of Probable Cause is filed with the Commission to request such a hearing. The date this order was filed appears in the upper righthand corner of the first page of the order. At the hearing, you will have the right to present evidence relevant to the violation(s) listed in this order, to cross-examine opposing witnesses, to impeach any witness, and to rebut the evidence presented against you.

If you do not elect to resolve the case by consent order or request a formal hearing at the DOAH or an informal hearing before the Commission within 30 days of the date this Order of Probable Cause is filed with the Commission, the case will be sent to the Commission for a formal or informal hearing, depending on whether the facts are in dispute. The date this order was filed appears in the upper right-hand corner of the first page of the order.

To request a hearing, please send a written request to the Commission Clerk, Donna Ann Malphurs. The address of the Commission Clerk is 107 W. Gaines Street, Collins Building, Suite 224, Tallahassee, Florida 32399-1050. The telephone number is (850) 922-4539. The Clerk will provide you with a copy of Chapter 28-106, *Florida Administrative Code*, and other applicable rules upon request. No mediation is available.

STATE OF FLORIDA FLORIDA ELECTIONS COMMISSION

In Re: Dwight M. Bullard

Case No.: FEC 16-123

TO: Dwight M. Bullard 14842 Robinson Street Miami, FL 33176

Division of Elections 500 S Bronough Street, Room 316 Tallahassee, FL 32399

NOTICE OF HEARING (PROBABLE CAUSE DETERMINATION)

A hearing will be held in this case before the Florida Elections Commission on, February 28, 2017 at 8:30 am, or as soon thereafter as the parties can be heard, at the following location: Senate Office Building, 404 South Monroe Street, Room 110-S, Tallahassee, Florida 32399

Failure to appear in accordance with this notice will constitute a waiver of your right to participate in the hearing. Continuances will be granted only upon a showing of good cause.

This hearing will be conducted pursuant to Section 106.25, Florida Statutes, which governs your participation as follows:

If you are the Respondent, you may attend the hearing, and you or your attorney will have 5 *minutes* to present your case to the Commission. However, some cases (including those in which consent orders or recommendations for no probable cause are being considered) may be decided by an *en masse* vote and, unless you request to be heard or the Commission requests that your case be considered separately on the day of the hearing, your case will *not* be individually heard.

If you are the Complainant, you may attend the hearing, but you will *not* be permitted to address the Commission. In addition, some cases (including those in which consent orders or recommendations for no probable cause are being considered) may be decided by an *en masse* vote and, unless the Respondent requests to be heard or the Commission requests that the case be considered separately on the day of the hearing, the case will *not* be individually heard.

If you are an Appellant, and you have requested a hearing, you may attend the hearing, and you or your attorney will have *5 minutes* to present your case to the Commission.

Please be advised that both confidential and public cases are scheduled to be heard by the Florida Elections Commission on this date. As an Appellant, Respondent or Complainant in one case, you will *not* be permitted to attend the hearings on other confidential cases.

The Commission will electronically record the meeting. Although the Commission's recording is considered the official record of the hearing, the Respondent may provide, at his own expense, a certified court reporter to also record the hearing.

If you require an accommodation due to a disability, contact Donna Ann Malphurs at (850) 922-4539 or by mail at 107 West Gaines Street, The Collins Building, Suite 224, Tallahassee, Florida 32399, at least 5 days before the hearing.

See further instructions on the reverse side.

<u>Amy McKeever Toman</u>

Executive Director Florida Elections Commission February 13, 2017 Please refer to the information below for further instructions related to your particular hearing:

If this is a hearing to consider **an appeal from an automatic fine**, the Filing Officer has imposed a fine on you for your failure to file a campaign treasurer's report on the designated due date and, by filing an appeal, you have asked the Commission to consider either (1) that the report was in fact timely filed; or (2) that there were unusual circumstances that excused the failure to file the report timely. You are required to prove your case. If the Commission finds that the report was filed timely or that there were unusual circumstances that excused the failure, it may waive the fine, in whole or in part. The Commission may reduce a fine after considering the factors in Section 106.265, Florida Statutes. If the Commission finds that the report was not timely filed and there were no unusual circumstances, the fine will be upheld.

If this is a hearing to consider a **consent order before a determination of probable cause has been made**, the Commission will decide whether to accept or reject the consent order. If the Commission accepts the consent order, the case will be closed and become public. If the Commission rejects the consent order or does not make a decision to accept or deny the consent order, the case will remain confidential, unless confidentiality has been waived.

If this is a hearing to consider a **consent order after a determination of probable cause has been made**, the Commission will decide whether to accept or reject the consent order. If the Commission accepts the consent order, the case will be closed. If the Commission rejects the consent order or does not make a decision to accept or deny the consent order, the Respondent will be entitled to another hearing to determine if the Respondent committed the violation(s) alleged.

If this is a **probable cause hearing**, the Commission will decide if there is probable cause to believe that the Respondent committed a violation of Florida's election laws. Respondent should be prepared to explain how the staff in its recommendation incorrectly applied the law to the facts of the case. *Respondent may not testify, call others to testify, or introduce any documentary or other evidence at the probable cause hearing.* The Commission will only decide whether Respondent should be *charged* with a violation and, before the Commission determines whether a violation has occurred or a fine should be imposed, Respondent will have an opportunity for another hearing at which evidence may be introduced.

If this is an **informal hearing**, it will be conducted pursuant Sections 120.569 and 120.57(2), Florida Statutes; Chapter 28 and Commission Rule 2B-1.004, Florida Administrative Code. At the hearing, the Commission will decide whether the Respondent committed the violation(s) charged in the Order of Probable Cause. The Respondent will be permitted to testify. However, the Respondent may not call witnesses to testify.

Respondent may argue why the established facts in the Staff Recommendation do not support the violations charged in the Order of Probable Cause. At Respondent's request, the Commission may determine whether Respondent's actions in the case were willful. The Respondent may also address the appropriateness of the recommended fine. If Respondent claims that his limited resources make him unable to pay the statutory fine, *he must provide the Commission with written proof of his financial resources* at the hearing. A financial affidavit form is available from the Commission Clerk.

STATE OF FLORIDA FLORIDA ELECTIONS COMMISSION

In Re: Dwight Mitchell Bullard

Case No.: FEC 16-123

STAFF RECOMMENDATION FOLLOWING INVESTIGATION

Pursuant to Section 106.25(4)(c), Florida Statutes, undersigned staff counsel files this written recommendation for disposition of the referral in this case recommending that there is **probable cause** to charge Respondent with violating **Sections 106.07(2)(b)1., and 106.19(1)(a)**, **Florida Statutes,** and **no probable cause** to charge Respondent with violating **Section 106.19(1)(c)**, **Florida Statutes.** Based upon a thorough review of the Report of Investigation submitted on December 9, 2016, the following facts and law support this staff recommendation:

1. On May 23, 2016, the Florida Elections Commission ("Commission") received a referral from the Department of State, Division of Elections ("Division"), alleging that Dwight Mitchell Bullard ("Respondent") violated Chapter 106, Florida Statutes.

2. Respondent was a 2016 candidate for State Senator, District 39. Respondent's original Statement of Candidate form ("DS-DE 84") was filed on February 22, 2013. (ROI Exhibit 11, page 1)¹ On March 10, 2016, Respondent changed his designation to State Senator, District 40 in light of the redistricting. (ROI Exhibit 11, page 2; ROI Exhibit 3, page 4)

3. By letter dated June 30, 2016, the Executive Director notified Respondent that Commission staff would investigate the following statutory provisions:

Section 106.07(2)(b)1., Florida Statutes: Respondent is a 2016 candidate for the office of State Senate, acting as his own treasurer. Respondent failed to timely make necessary amendments to the following campaign treasurer's reports after notice, as alleged in the complaint:

- 2013 Q1
- 2014 M2
- 2014 M8
- 2014 M11
- 2014 M12
- 2015 M3
- 2015 M3
 2015 M4
- 2015 M4
 2015 M5
- 2015 MIS
- 2015 M6

Staff Recommendation FEC 16-123

¹ The Report of Investigation is referred to herein as "ROI."

- 2105 M7²
- 2015 M8
- 2015 M9
- 2015 M10
- 2015 M11
- 2015 M12

Section 106.19(1)(a), Florida Statutes: Respondent may have accepted one or more contributions in excess of the limits prescribed by Section 106.08, Florida Statutes, as alleged in the complaint.

Section 106.19(1)(c), Florida Statutes: Respondent may have falsely reported or deliberately failed to include information in one or more campaign reports required by Chapter 106, Florida Statutes, as alleged in the complaint.

4. On February 22, 2013, Respondent filed his Appointment of Campaign Treasurer and Designation of Campaign Depository for Candidates form ("DS-DE 9") appointing himself as treasurer for his campaign. (ROI Exhibit 2, page 1)

5. By letter dated February 26, 2013, Kristi Reid Bronson, Chief, Bureau of Election Records, sent Respondent a letter acknowledging that the Division had received his DS-DE 9 and that his name was placed on the 2016 active candidate list. (ROI Exhibit 3, page 1)

6. The acknowledgment letter advised Respondent that all candidates filing reports with the Division are required to use the electronic filing system ("EFS"), and provided Respondent with a user identification number and initial password to grant access to the EFS. (ROI Exhibit 3, page 1) The letter further advised Respondent that all of the Division's publications and reporting forms were available on its website and directed Respondent to print out Chapters 104 and 106, Florida Statutes, and the *2012 Candidate and Campaign Treasurer Handbook*, as well as other relevant documents. (ROI Exhibit 3, page 3)

Alleged Violation: Section 106.19(1)(a), Florida Statutes

7. Complainant alleged that Respondent violated Florida's election laws by accepting contributions in excess of the limits prescribed by Section 106.08, Florida Statutes. More specifically, Complaint alleged that Respondent accepted excessive monetary contributions from Florida Health Care Political Action Committee and The Florida Education Association Advocacy Fund.

8. Under Section 106.19(1)(a), Florida Statutes, a candidate for legislative office who knowingly and willfully accepts a contribution in excess of \$1,000 commits a violation of

 $^{^2}$ The reference to the 2105 M7 reporting period in the letter finding legal sufficiency is a scrivener's error. The Division's referral and supporting documentation alleges violations occurring during the 2015 M7 reporting period.

Florida's election laws. The contribution limit applies to each election, with the primary and general election being treated as separate elections so long as the candidate is not unopposed. The race for State Senate had a primary election held on August 30, 2016, with a general election held on November 8, 2016.

9. Respondent disclosed receiving two contributions from Florida Health Care Political Action Committee totaling \$1,500 on his 2013 Q3 and 2015 M9 reports. (ROI Exhibit 4, page 15) Respondent's bank records confirm the reporting of the contributions. (ROI Exhibit 7, page 5; ROI Exhibit 8)

10. Respondent disclosed receiving three contributions from The Florida Education Association Advocacy Fund totaling \$1,500 on his 2013 Q1, 2015 M1, and 2015 M9 reports. (ROI Exhibit 4, page 15) Respondent's bank records confirm the reporting of the contributions. (ROI Exhibit 9)

11. Respondent was given multiple opportunities to respond to Commission staff's investigation, but failed to do so. (Attachment A)

12. Respondent accepted monetary contributions from Florida Health Care Political Action Committee and The Florida Education Association Advocacy Fund in excess of the limits prescribed by Section 106.08, Florida Statutes.

Alleged Violation: Section 106.19(1)(c), Florida Statutes

13. Complainant alleged that Respondent violated Florida's election laws by falsely reporting or deliberately failing to include information required by Chapter 106, Florida Statutes.

14. The investigation did not produce any evidence tending to show that Respondent violated Section 106.19(1)(c), Florida Statutes.

Alleged Violation: Section 106.07(2)(b)1., Florida Statutes

15. Complainant alleged that Respondent violated Florida's election laws by failing to timely file the required amendments to fifteen of the campaign's reports within 7 days of receiving notification from the Division that the reports were incomplete and required amendment.

16. Respondent filed the following reports: 2013 Q1, 2014 M2, 2014 M8, 2014 M11, 2014 M12, 2015 M3, 2015 M4, 2015 M5, 2015 M6, 2015 M7, 2015 M8, 2015 M9, 2015 M10, 2015 M11, and 2015 M12. (ROI Exhibit 5) The reports were incomplete when filed.

17. The Division mailed at least three letters notifying Respondent that his reports were incomplete and that Respondent was required to amend the reports within 7 days of receipt of the notification. An Error Report or Compliance Report showing why each report was incomplete was attached to each notification. (ROI Exhibit 4) The final notification was

confirmed delivered. (ROI Exhibit 4, page 31) As of December 6, 2016, Respondent had not filed the required amendments to his reports. (ROI Exhibits 5 & 6)

18. With regard to the Division's allegations that Respondent failed to timely file the required amendments to his 2014 M2 and 2015 M7 reports within 7 days of receiving notification from the Division that the reports were incomplete and required amendment, these allegations were investigated by Commission staff in case numbers FEC 15-350 and FEC 15-441. Therefore, Commission staff is barred from further investigating said allegations in this matter. *See* § 106.25(2), Fla. Stat. (2016).

19. Respondent was given multiple opportunities to respond to Commission staff's investigation, but failed to do so. (Attachment A)

20. Respondent failed to timely file the required amendments to his 2013 Q1, 2014 M8, 2014 M11, 2014 M12, 2015 M3, 2015 M4, 2015 M5, 2015 M6, 2015 M8, 2015 M9, 2015 M10, 2015 M11, and 2015 M12 reports within 7 days of receiving notification from the Division that the reports were incomplete and required amendment.

21. "Probable Cause" is defined as reasonable grounds of suspicion supported by circumstances sufficiently strong to warrant a cautious person in the belief that the person has committed the offense charged. *Schmitt v. State*, 590 So. 2d 404, 409 (Fla. 1991). Probable cause exists where the facts and circumstances, of which an [investigator] has reasonably trustworthy information, are sufficient in themselves for a reasonable man to reach the conclusion that an offense has been committed. *Department of Highway Safety and Motor Vehicles v. Favino*, 667 So. 2d 305, 309 (Fla. 1st DCA 1995).

22. The facts set forth above show that Respondent was a 2016 candidate for State Senator, and was acting as his own treasurer. Respondent accepted monetary contributions from Florida Health Care Political Action Committee and The Florida Education Association Advocacy Fund in excess of the limits prescribed by Section 106.08, Florida Statutes. Respondent failed to timely file the required amendments to his 2013 Q1, 2014 M8, 2014 M11, 2014 M12, 2015 M3, 2015 M4, 2015 M5, 2015 M6, 2015 M8, 2015 M9, 2015 M10, 2015 M11, and 2015 M12 reports within 7 days of receiving notification from the Division that the reports were incomplete and required amendment. With regard to Respondent's alleged failure to file the required amendments to his 2014 M2 and 2015 M7 reports, Commission staff is barred from further investigating said allegations in this matter. Additionally, the investigation did not produce any evidence tending to show that Respondent violated Section 106.19(1)(c), Florida Statutes.

Based upon these facts and circumstances, I recommend that the Commission find no probable cause that Respondent violated Section 106.19(1)(c), Florida Statutes, and probable cause to charge Respondent with violating the following:

Count 1:

On or about September 9, 2015, Dwight Mitchell Bullard violated Section 106.19(1)(a), Florida Statutes, when he accepted a contribution in excess of the limits prescribed by Section 106.08, Florida Statutes, from Florida Health Care Political Action Committee.

Count 2:

On or about September 1, 2015, Dwight Mitchell Bullard violated Section 106.19(1)(a), Florida Statutes, when he accepted a contribution in excess of the limits prescribed by Section 106.08, Florida Statutes, from The Florida Education Association Advocacy Fund.

Count 3:

On or about March 21, 2016, Dwight Mitchell Bullard violated Section 106.07(2)(b)1., Florida Statutes, when he failed to timely file an addendum to his 2013 Q1 Report within seven days after receiving notice from the Department of State, Division of Elections, that the report required amendment.

Count 4:

On or about March 21, 2016, Dwight Mitchell Bullard violated Section 106.07(2)(b)1., Florida Statutes, when he failed to timely file an addendum to his 2014 M8 Report within seven days after receiving notice from the Department of State, Division of Elections, that the report required amendment.

Count 5:

On or about March 21, 2016, Dwight Mitchell Bullard violated Section 106.07(2)(b)1., Florida Statutes, when he failed to timely file an addendum to his 2014 M11 Report within seven days after receiving notice from the Department of State, Division of Elections, that the report required amendment.

Count 6:

On or about March 21, 2016, Dwight Mitchell Bullard violated Section 106.07(2)(b)1., Florida Statutes, when he failed to timely file an addendum to his 2014 M12 Report within seven days after

receiving notice from the Department of State, Division of Elections, that the report required amendment.

Count 7:

On or about March 21, 2016, Dwight Mitchell Bullard violated Section 106.07(2)(b)1., Florida Statutes, when he failed to timely file an addendum to his 2015 M3 Report within seven days after receiving notice from the Department of State, Division of Elections, that the report required amendment.

Count 8:

On or about March 21, 2016, Dwight Mitchell Bullard violated Section 106.07(2)(b)1., Florida Statutes, when he failed to timely file an addendum to his 2015 M4 Report within seven days after receiving notice from the Department of State, Division of Elections, that the report required amendment.

Count 9:

On or about March 21, 2016, Dwight Mitchell Bullard violated Section 106.07(2)(b)1., Florida Statutes, when he failed to timely file an addendum to his 2015 M5 Report within seven days after receiving notice from the Department of State, Division of Elections, that the report required amendment.

<u>Count 10:</u>

On or about March 21, 2016, Dwight Mitchell Bullard violated Section 106.07(2)(b)1., Florida Statutes, when he failed to timely file an addendum to his 2015 M6 Report within seven days after receiving notice from the Department of State, Division of Elections, that the report required amendment.

Count 11:

On or about March 21, 2016, Dwight Mitchell Bullard violated Section 106.07(2)(b)1., Florida Statutes, when he failed to timely file an addendum to his 2015 M8 Report within seven days after receiving notice from the Department of State, Division of Elections, that the report required amendment.

Count 12:

On or about March 21, 2016, Dwight Mitchell Bullard violated Section 106.07(2)(b)1., Florida Statutes, when he failed to timely file an addendum to his 2015 M9 Report within seven days after receiving notice from the Department of State, Division of Elections, that the report required amendment.

<u>Count 13:</u>

On or about March 21, 2016, Dwight Mitchell Bullard violated Section 106.07(2)(b)1., Florida Statutes, when he failed to timely file an addendum to his 2015 M10 Report within seven days after receiving notice from the Department of State, Division of Elections, that the report required amendment.

<u>Count 14:</u>

On or about March 21, 2016, Dwight Mitchell Bullard violated Section 106.07(2)(b)1., Florida Statutes, when he failed to timely file an addendum to his 2015 M11 Report within seven days after receiving notice from the Department of State, Division of Elections, that the report required amendment.

Count 15:

On or about March 21, 2016, Dwight Mitchell Bullard violated Section 106.07(2)(b)1., Florida Statutes, when he failed to timely file an addendum to his 2015 M12 Report within seven days after receiving notice from the Department of State, Division of Elections, that the report required amendment.

Respectfully submitted on January 20, 2017.

Assistant General Counsel

I reviewed this Staff Recommendation this 20 day of January 2017.

Amy McKeever Toman

Amy McKeever 1 oman Executive Director





FLORIDA ELECTIONS COMMISSION PHONE LOG Case No.: FEC 16-123

Respondent: Dwight M. Bullard

Complainant: Division of Elections

- Date and time: July 7, 2016 @ 4:00 pm Name: Respondent Phone #: (305) 815-5845 Summary: I attempted telephone contact to make initial contact. I left a message to return my call. Memo to File? No Entered by: CKO
- 2. Date and time: July 12, 2016 @ 8:20 am Name: Respondent Phone #: (305) 815-5845 Summary: I attempted telephone contact to make initial contact. I left a message to return my call. Memo to File? No Entered by: CKO
- 3. Date and time: August 17, 2016 @ 2:30 pm
 Name: Stevie Cohn—Bank representative
 Phone #: (407) 762-2149
 Summary: I attempted telephone contact in response to message left for my behalf regarding the status of the subpoena. I left a message for Mr. Cohn to return my call.
 Memo to File? No
 Entered by: CKO
- 4. Date and time: August 18, 2016 @ 10:05 am Name: Bebe Kahn—Bank representative Phone #: (407) 762-2149
 Summary: I had telephone contact advising me that she was able to find information regarding the subpoena. Ms. Kahn advised me that it will take an additional 15-20 days for the information to process. She told me that she would send the information sooner, if possible. Memo to File? No Entered by: CKO
- 5. Date and time: August 18, 2016 @ 10:33 am Name: Respondent Phone #: (305) 815-5845
 Summary: I attempted telephone contact to discuss complaint allegations. I was unable to leave a message due to machine being full. Memo to File? No



.

0



Entered by: CKO

 \mathbf{z}_{i}

- 6. Date and time: September 9, 2016 @ 1:40 pm Name: Bebe Kahn—Bank representative Phone #: (407) 762-2149
 Summary: I had telephone contact to inquire about the information that was sent to me as a result of the subpoena production. I explained that I didn't expect to receive this much information in bulk. Ms. Kahn told me that she was not allowed to review the information prior to it being sent out to me. Based on my explanation of the subpoena results, this is not the information that she requested for me. I was instructed to return the information back to her to see what could be done. Memo to File? No Entered by: CKO
- 7. Date and time: September 9, 2016 @ 2:00 pm Name: Amy Toman/Stephanie Cunningham—Staffing Phone #: Staffing Summary: I staffed case to see if I should return subpoena production results. I was instructed to keep the information and place it in the file. Memo to File? No Entered by: CKO
- 8. Date and time: September 9, 2016 @ 3:00 pm
 Name: Bebe Kahn—Bank representative
 Phone #: (407) 762-2149
 Summary: I had telephone contact to advise Ms. Kahn that I would be keeping the information that was sent to me as a result of the subpoena that I sent. I told her that the invoice had been transferred to the office manager for payment.
 Memo to File? No
 Entered by: CKO
- 9. Date and time: September 9, 2016 @ 3:15 pm
 Name: Respondent
 Phone #: (305) 815-5845
 Summary: I attempted telephone contact to check on the status of overdue questionnaire-affidavit. I left a message to return my call.
 Memo to File? No
 Entered by: CKO
- 10. Date and time: November 15, 2016 @ 8:30 am
 Name: Respondent
 Phone #: (305) 815-5845
 Summary: I attempted telephone contact to complete final interview. I left a message to return my call.
 Memo to File? No
 Entered by: CKO
- 11. Date and time: December 5, 2016 @ 8:00 am



Name: Respondent Phone #: (305) 815-5845 Summary: I attempted telephone contact to complete final interview. I left a message to return my call. Memo to File? No Entered by: CKO

•.





FLORIDA ELECTIONS COMMISSION REPORT OF INVESTIGATION Case No.: FEC 16-123

Respondent: Dwight Mitchell Bullard

Counsel for Respondent: n/a

Complainant: Division of Elections

Counsel for Complainant: n/a

On May 23, 2016, the Florida Elections Commission ("Commission") received a sworn complaint alleging that Respondent violated Chapter 106, Florida Statutes. Commission staff investigated whether Respondent violated the following statutes:

Section 106.07(2)(b)1, Florida Statutes, failure of the treasurer of a candidate to file an addendum to an incomplete report after receiving notice from the filing officer;

Section 106.19(1)(a), Florida Statutes, prohibiting a person or organization from accepting a contribution in excess of the legal limits; and

Section 106.19(1)(c), Florida Statutes, prohibiting a person or organization from falsely reporting or deliberately failing to report information required by Chapter 106, Florida Statutes.

I. Preliminary Information:

1. Respondent was a candidate for the office of State Senator, District 40, in the 2016 election. He was defeated in his election bid. Respondent had served his electors in a political office since 2008.

2. Complainant is the Division of Elections (DOE).

3. Respondent's filing officer is Kristi Reid-Bronson, Chief, Bureau of Election Records.

II. Alleged Violation of Section 106.07(2)(b)1, Florida Statutes:

4. I investigated whether Respondent violated this section of the election laws by not filing addendums for 15 of his campaign reports, after receiving notices that they were incomplete.

5. On April 15, 2016, a DOE staff representative, Kristi Reid-Bronson, signed her sworn affidavit regarding Respondent's failure to file addendums for his 2013 Q1; 2014 M2; 2014 M8; 2014 M11; 2014 M12; 2015 M3; 2015 M4; 2015 M5; 2015 M6; 2015 M7; 2015 M8; 2015 M9; 2015 M10; 2015 M11; and 2015 M12 Reports, or to provide a written explanation as to why no addendums have been filed. To review a copy of the April 15, 2016 sworn affidavit, refer to exhibit 1.

6. On February 22, 2013, Respondent filed his original Appointment of Campaign Treasurer

and Designation of Campaign Depository form (DS-DE 9) with his filing officer. Respondent appointed himself as his own campaign treasurer¹. To review a copy of Respondent's DS-DE 9 form, refer to exhibit 2.

7. On February 26, 2013, Complainant mailed Respondent a letter acknowledging receipt of the DS-DE 9 form and informing him that his name had been placed on the 2016 active candidate list. To review a copy of the February 26, 2013 acknowledgement letter, refer to exhibit 3.

8. Table 1 summarizes the failure-to-amend notices mailed to Respondent informing him that the below mentioned reports required amending. Each notice was mailed to the address Respondent provided on his DS-DE 9 form (Exhibit 2). To review copies of the failure-to-amend letters with delivery confirmations, refer to exhibit 4.

Table 1: Failure-to-Amend Notices									
Report	Report Cover Period	Report Due Date	Date Original Report Filed	Date 1 st Notice Mailed	Date 2 nd Notice Mailed	Date Final Notice Mailed			
2013 Q1	1/1/13 - 3/31/13	4/10/13	7/17/13	2/8/16	2/25/16	3/11/16			
2014 M2	2/1/14 - 2/28/14	3/10/14	3/9/14	2/8/16	2/25/16	3/11/16			
2014 M8	8/1/14 - 8/31/14	9/10/14	9/11/14	2/8/16	2/25/16	3/11/16			
2014 M11	11/1/14 - 11/30/14	12/10/14	12/9/14	2/8/16	2/25/16	3/11/16			
2014 M12	12/1/14 - 12/31/14	1/12/15	1/10/15	2/8/16	2/25/16	3/11/16			
2015 M3	3/1/15 - 3/31/15	4/10/15	4/6/15	2/8/16	2/25/16	3/11/16			
2015 M4	4/1/15 - 4/30/15	5/11/15	5/11/15	2/8/16	2/25/16	3/11/16			
2015 M5	5/1/15 - 5/31/15	6/10/15	6/8/15	2/8/16	2/25/16	3/11/16			
2015 M6	6/1/15 - 6/30/15	7/10/15	7/10/15	2/8/16	2/25/16	3/11/16			
2015 M7	7/1/15 - 7/31/15	8/10/15	8/10/15	2/8/16	2/25/16	3/11/16			
2015 M8	8/1/15 - 8/31/15	9/10/15	9/10/15	2/8/16	2/25/16	3/11/16			
2015 M9	9/1/15 - 9/30/15	10/13/15	10/12/15	2/8/16	2/25/16	3/11/16			
2015 M10	10/1/15 - 10/31/15	11/10/15	11/10/15	2/8/16	2/25/16	3/11/16			
2015 M11	11/1/15 - 11/30/15	12/10/15	12/11/15	2/8/16	2/25/16	3/11/16			
2015 M12 ²	12/1/15 - 12/31/15	1/11/16	1/11/16	2/8/16	2/25/16	3/11/16			

9. As of the day of this report, there is no record that Respondent has properly amended any of the above mentioned reports. To review a copy of Respondent's filing history, refer to exhibit 5.

¹ On March 10, 2016, Respondent filed documents changing the designation of office for which he was campaigning for from 2016 State Senate, District 39 to 2016 State Senate, District 40 due to redistricting.

² Complainant also sent three failure-to-file notices for this reporting period on January 14, 2016; February 2, 2016, and a "Final Notice" with delivery confirmation was sent on February 17, 2016.

10. In a December 6, 2016 email with Kristi Reid-Bronson, FEC staff was advised that the above mentioned reports have not been corrected at this time. To review a copy of the December 6, 2016 email, refer to exhibit 6.

11. There is a record that Respondent has previously violated this section of the election laws. FEC 15-441; 15-415; 15-350; 14-048; 13-203; 12-053; and 11-104.

III. Alleged Violation of Section 106.19(1)(a), Florida Statutes:

12. I investigated whether Respondent violated this section of the election laws by accepting a contribution that exceeded the legal limits.

13. Complainant alleges that Respondent accepted excessive contributions from the Florida Health Care PAC, and the Florida Education Association (FEA) Advocacy Fund in September, 2015.

14. On July 7, 2016, I subpoenaed Respondent's campaign account records from SunTrust Bank, the campaign depository listed on Respondent's DS-DE 9 form (Exhibit 2). After a thorough search, I was able to locate all of the checks from both contributors.

15. Campaign account records reflect that the Florida Health Care Political Action Committee made two check contributions to Respondent's 2016 campaign. Check #1669 was dated for August 15, 2012 and used to make a \$500.00 contribution to Respondent's campaign. Depository records reflect that this check was deposited with five other checks on September 17, 2013. Check #303 was dated for September 9, 2015 and used to make a \$1,000.00 contribution to Respondent's campaign. To review a copy of the September 17, 2013 complete bank deposit, refer to exhibit 7. To review a copy of check #1669, refer to exhibit 7, page 5. To review a copy of check #303, refer to exhibit 8.

16. Campaign account records also reflect that the FEA Advocacy Fund made three contributions to Respondent's 2016 campaign. Check #2862 was used to make a \$500.00 contribution to Respondent's campaign on March 1, 2013. Check #3006 was used to make another contribution of \$500.00 on January 16, 2015. Check #3012 was used to make an additional \$500.00 contribution to Respondent's campaign on August 20, 2015. To review copies of these contributions, refer to exhibit 9.

17. The 2013 Candidate and Campaign Treasurer Handbook states: Except for political parties or affiliated party committees, no person or political committees may make contributions in excess of: \$1,000 per election to a candidate for retention as a judge of a district court of appeal; a candidate for legislative office; a candidate for multicounty office; a candidate for county-wide office or in any election conducted on less than a countrywide basis; or a candidate for county court judge or circuit judge. To review relevant pages from the 2013 Candidate and Campaign Treasurer Handbook, refer to exhibit 10.

18. There was no evidence found that Respondent accepted any other contributions during the 2016 election cycle from the Florida Health Care PAC, nor the FEA Advocacy Fund.

19. There was no record that Respondent has previously violated this section of the election laws.

IV. Alleged Violation of Section 106.19(1)(c), Florida Statutes:

20. I investigated whether Respondent violated this section of the election laws by falsely reporting or deliberately failing to include information required by Chapter 106, Florida Statutes, when he failed to file addendums to his treasurer's reports for 15 reporting periods, on the prescribed reporting



21. To review the circumstances regarding Respondent's contribution and expenditure activity, refer to paragraphs 8 through 10 of this report.

22. There is a record that Respondent has previously been investigated for violating this section of the election laws.

V. FEC History:

23. Respondent has been involved in numerous FEC investigations involving failure-to-file or automatic-fine appeal cases.

Conclusion:

24. Respondent was offered several opportunities to make comments regarding the findings of this investigation. Respondent has not responded to any of these attempts to discuss this matter.

25. In the February 26, 2013 acknowledgement letter, Respondent was informed that all of the Division's publications were available online at the DOE's website. In the letter, Respondent was admonished as follows: It is your responsibility to read, understand, and follow the requirements of Florida's election laws. Therefore, please print a copy of the following documents: Chapters 104 and 106, Florida Statutes, 2012 Candidate and Campaign Treasurer Handbook, 2013 Calendar of Reporting Dates, and Rule 1S-2.017, Florida Administrative Code. To review a copy of the February 26, 2013 acknowledgement letter, refer to exhibit 3.

26. On February 22, 2013, Respondent filed his Statement of Candidate for Florida State Senate, District 39 acknowledging that he had been provided access to read and understand the requirements of Chapter 106, Florida Statutes³. To review a copy of the Statement of Candidate, refer to exhibit 11.

³ On March 10, 2016, Respondent filed documents changing the designation of office for which he was campaigning for from 2016 State Senate, District 39 to 2016 State Senate, District 40.





Respectfully submitted on December 9, 2016.

Cedric Oliver Investigation Specialist

Current address of Respondent

Current address of Complainant

The Honorable Dwight M. Bullard 14842 Robinson Street Miami, Fl 33176 Division of Elections 500 South Bronough Street, Room 316 Tallahassee, Fl 32399

Name and Address of Filing Officer:

Ms. Kristi Reid-Bronson Chief of Bureau of Election Records 500 South Bronough Street, Room 316 Tallahassee, Fl 32399

Copy furnished to: Mr. David Flagg, Investigations Manager





FLORIDA ELECTIONS COMMISSION REPORT OF INVESTIGATION Dwight M. Bullard -- FEC 16-123

	LIST OF EXHIBITS							
Exhibits #s	Description of Exhibits							
Exhibit 1	Sworn affidavit from Kristi Reid-Bronson							
Exhibit 2	Respondent's DS-DE 9 forms							
Exhibit 3	Acknowledgement Letters							
Exhibit 4	Failure-to-amend notices with delivery confirmations							
Exhibit 5	Respondent's filing history							
Exhibit 6	December 6, 2016 email from Kristi Reid-Bronson							
Exhibit 7	September 17, 2013 complete deposit							
Exhibit 8	Contribution check #303							
Exhibit 9	Contributions from the FEA Advocacy Fund							
Exhibit 10	Relevant pages from the 2013 Candidate and Campaign Treasurer Handbook							
Exhibit 11	Statement of Candidate							

-





AFFIDAVIT

STATE OF FLORIDA

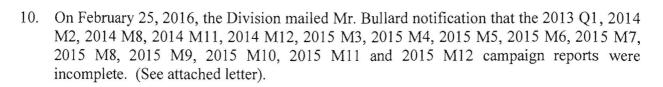
County of Leon

8

Kristi Reid Bronson, being duly sworn, says:

- 1. I am the Chief of the Bureau of Election Records of the Division of Elections (Division). In that capacity, I oversee the Division's duties related to the filing of campaign finance reports.
- 2. This affidavit is made upon my personal knowledge, including information obtained from review of the attached records, of which I am the custodian.
- 3. I am of legal age and competent to testify to the matters stated herein.
- 4. **Dwight Mitchell Bullard** (60314) is a 2016 candidate for the office of **State Senate**.
- 5. On February 23, 2013, Dwight Mitchell Bullard filed the Appointment of Campaign Treasurer and Designation of Campaign Depository with the Division. Mr. Bullard appointed himself as treasurer. (See attached documents and acknowledgment letter.)
- 6. On January 14, 2016, the Division mailed Mr. Bullard notification that the 2015 M12 campaign report was incomplete. (See attached letter).
- 7. On February 2, 2016, the Division mailed Mr. Bullard notification that the 2015 M12 campaign report was incomplete. (See attached letter).
- 8. On February 17, 2016, the Division mailed Mr. Bullard final notification with delivery confirmation that the 2015 M12 campaign report was incomplete. (See attached letter with delivery confirmation).
- On February 8, 2016, the Division mailed Mr. Bullard notification that the 2013 Q1, 2014 M2, 2014 M8, 2014 M11, 2014 M12, 2015 M3, 2015 M4, 2015 M5, 2015 M6, 2015 M7, 2015 M8, 2015 M9, 2015 M10, 2015 M11 and 2015 M12 campaign reports were incomplete. (See attached letter).

EXHIBIT 1/1AF



- On March 11, 2016, the Division mailed Mr. Bullard final notification with delivery confirmation that the 2013 Q1, 2014 M2, 2014 M8, 2014 M11, 2014 M12, 2015 M3, 2015 M4, 2015 M5, 2015 M6, 2015 M7, 2015 M8, 2015 M9, 2015 M10, 2015 M11 and 2015 M12 campaign reports were incomplete. (See attached letter with delivery confirmation).
- As of April 15, 2016, the 2013 Q1, 2014 M2, 2014 M8, 2014 M11, 2014 M12, 2015 M3, 2015 M4, 2015 M5, 2015 M6, 2015 M7, 2015 M8, 2015 M9, 2015 M10, 2015 M11 and 2015 M12 campaign reports remain incomplete.

I hereby swear or affirm that the foregoing information is true and correct to the best of my knowledge.

Signature of Affiant

Sworn to (or affirmed) and subscribed before me this 15th day of April/2016.

Signature of Notary Public - State of Flørida

Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known



4

\sim							¢	P				
APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES					RECEIVED DEPARTIENT OF STATE 2013 FEB 22 PM 3: 44							
(Section 100												
(PLEASE PR	NINT OF	R TYPE)				ULV T	ISION O AL AH	F EI ASS	EE, FL	NS		
NOTE: This form must be officer before opening the			lifying							OFFIC	E USE	ONLY
1. CHECK APPROPRIATE		5): -filing to Change.		Treas	surer/Depu	ty [] Depo	ositor	γ	Office		Party
2 Name of Candidate (in th	is orde	r: First, Middle, L	ast)			(inclu	de post	office	e box or	street, city,	state,	zip
Dwight Bullard					code) P. O. Bo:	(160 ⁻	156 Mi	ami	FI 33	116		
4. Telephone	5. E-ma	il address	<u> </u>		0. 00.	00			1 - 00			
(305) 815-5845 t	oullard	4senate@yah	00.00	n [
6 Office sought (include di	strict, ci	rcuit, group num	ber)					ora	nonpar	tisan offic	e, chec	:k if
Florida State Senate Dis	strict 3	9			a	pplica		ent is	s to run a	as a Write-	In cand	lidate.
8 If a candidate for a parti	san off	ice, check block	and fi	ll in i	name of p	arty as	applica	able:	My int	tent is to ru	n as a	
Write-In No P	arty Affi	liation 🔀	De	moo	cratic	_			Pa	arty can	didate.	
9. I have appointed the foll	owing	person to act as	smy	X	Campaig	n Trea	asurer		Depu	ity Treasure	er	
10. Name of Treasurer or De								Ļ				
Dwight Bullard	, ,											
11. Mailing Address									12. Tela			
14842 Robinson St.									(305) 8/1 -	584	15-
13 City	1	ounty	15. St	tate	16. Zip	Code			address			
Miami		ni-Dade	FL		33176				ahoo.a			
18. I have designated the f	ollowin	g bank as my		<u> </u>	Primary D	eposito	огу		Second	ary Deposit	ory	
19. Name of Bank				1	Address							
Suntrust		22. County		88.	20 SW 1	State				24. Zip C		
21. City Miami		Miami-Dade			FL		;			33176	oue	
UNDER PENALTIES OF PERJUR					REGOING F	ORM FO				AMPAIGN TR	EASUR	ER AND
25. Date					Signature							
2/22/13				X	N'H	K	D					
	's Acce	eptance of Appo	ointmen	nt (fill	in the blar	ks and	d check 1	the a	ppropria	te block)		
	ſ	Dwight Bullard	I				do	here	by arce	pt the appo	intmen	ıt
· · · · · · · · · · · · · · · · · · ·		se Print or Type I					、uu	nere	y acce	Prine appe		
designated above as:] Campaign 1	reasure	er	De	puty Tr	easurer.					
2/22/13	3		X -	న	GE	X.	X					
Date				Sig	nature of (ampa	ign Trea	sure	r or Dep	uty Treasu	rer	·
DS-DE 9 (Rev. 10/10)		EXHIE	BIT_	2	lofa)	_			Rule 1S-2	.0001,	F.A.C.

			00				
	AMPAIGN TREASURI	ER			CEIVED		
DEPOSITORY F (Section 10	ON OF CAMPAIGN OR CANDIDATES 6.021(1), F.S.)			AL AL	IO AN 9 DF LLECTI ASSEE, FI		
(PLEASE PF NOTE: This form must b officer before opening the		ying	HAND E				USEONLY
1. CHECK APPROPRIATE	BOX(ES): Re-filing to Change: §	Treas	surer/Deputy	Deposito	ory	Office	Party
2. Name of Candidate (in the Dwight Mitchell Bullard	nis order: First, Middle, Last	· •	3. Address (inclu code) P.O. Box 1065	-	ce box or str	eet, city, s	state, zip
	5. E-mail address Bullard4Florida@gmail	1	Miami, FL 331	16			
6. Office sought (include di Florida Senate District 4		r)	7. If a can applica		a <u>nonpartis</u> is to run as		
8. If a candidate for a <u>parti</u>		nd fill in i emocra		s applicable	e: My inten	nt is to run y cand	as a idate.
9. I have appointed the for		וא 🗌	Campaign Trea	asurer	Deputy	Treasure	r
10. Name of Treasurer or De Dwight Bullard	eputy Treasurer						
11. Mailing Address 15900 SW 95 Ave #308					12. Teleph (305)		5
13. City Miami	14. County 1 Miami-Dade F		16. Zip Code 33157		ard@gmai	يدي برندي مي	
18. I have designated the f	ollowing bank as my		Primary Deposito	ory	Secondary	Deposito	ory
19. Name of Bank Suntrust			. Address 20 SW 136th S	ST			
21. City Miami	22. County Miami-Dade		23. State FL	2		24. Zip Co 3176	ode
UNDER PENALTIES OF PERJUR	Y, I DECLARE THAT I HAVE RE					PAIGN TRE	ASURER AND
25. Date 3/9/16		26. X		ndidate			
	r's Acceptance of Appoint ((111)		in the blanks and		appropriate eby accept		ntment
designated above as:	(Please Print or Type Nar Campaign Tree		Deputy Tr	reasurer.			
3/9/16 Date	X		nature of Campa	ign Treasur	er or Deputy	Treasure	er
DS-DE 9 (Rev. 10/10)	EXHIBIT	2(00	fa)		R	ule 1S-2.0	0001, F.A.C.



RICK SCOTT Governor **KEN DETZNER** Secretary of State

February 26, 2013

The Honorable Dwight Bullard Post Office Box 160156 Miami, Florida 33116

Dear Senator Bullard:

This will acknowledge receipt of the Appointment of Campaign Treasurer and Designation of Campaign Depository for the office of State Senator, which was placed on file in our office on February 22, 2013. Your name has been placed on the 2016 active candidate list.

Campaign Treasurer's Reports

Your first campaign treasurer's report will be due on **April 10, 2013**. The report will cover the period of January 1 - March 31, 2013. All candidates who file reports with the Division of Elections are required to file by means of the Division's electronic filing system (EFS).

Credentials and Sign-ons

Below is the web address to access the EFS and your user identification number. The enclosed sealed envelope contains your initial password. Once you have logged in using the initial password, you will be immediately prompted to change it to a confidential sign-on. You, your campaign treasurer, and deputy treasurers are responsible for protecting these passwords from disclosure and are responsible for all filings using these credentials, unless the Division is notified that your credentials have been compromised.

EFS Web site Address: https://efs.dos.state.fl.us Identification Number: 60314



Division of Elections R.A. Gray Bldg., Rm. 316 • 500 S Bronough St. • Tallahassee, Florida 32399-0250 Telephone: (850) 245-6240 • Facsimile: (850) 245-6259 elections.myflorida.com Commemorating 500 years of Florida history www.fla500.com

EXHIBIT 1



The Honorable Dwight Bullard February 26, 2013 Page Two



Pin Numbers

Pin numbers are confidential secure credentials that allow you to submit reports and update personal information. The enclosed sealed envelope contains your confidential pin numbers.

Each candidate is required to provide the Division of Elections with confidential personal information that may be used to allow access in the event that password is forgotten or lost. When you enter the campaign account screen, there will be a drop down box where you pick a question (such as *What is your mother's maiden name?*) and supply an answer. All passwords and answers to questions are stored as encrypted data and cannot be viewed by Division staff and given out over the phone. Please notify the Division if your credentials have been compromised.

Timely Filing

All reports filed must be completed and filed through the EFS no later than midnight, Eastern Standard Time, of the due date. Reports not filed by midnight of the due date are late filed and subject to the penalties in Section 106.07(8). Florida Statutes. In the event that the EFS is inoperable on the due date, the report will be accepted as timely filed if filed no later than midnight of the first business day the EFS becomes operable. No fine will be levied during the period the EFS was inoperable.

Any candidate failing to file a report on the designated due date shall be subject to a fine of \$50 per day for the first 3 days late and, thereafter, \$500 per day for each late day, not to exceed 25% of the total receipts or expenditures, whichever is greater, for the period covered by the late report. However, for reports immediately preceding each primary and general election, the fine shall be \$500 per day for each late day, not to exceed 25% of the total receipts or expenditures, whichever is greater, for the period covered by the late shall be \$500 per day for each late day, not to exceed 25% of the total receipts or expenditures, whichever is greater, for the period covered by the late report.

Electronic Receipts

The person submitting the report on the EFS will be issued an electronic receipt indicating and verifying the report was filed. Each campaign treasurer's report filed by means of the EFS is considered to be under oath by the candidate and campaign treasurer and such persons are subject to the provisions of Section 106.07(5), Florida Statutes.

EXHIBIT_ 3(ast 4





The Honorable Dwight Bullard February 26, 2013 Page Three

Instructions and Assistance

An online instruction guide is available to you on the EFS to assist with navigation, data entry, and submission of reports. The Division of Elections will also provide assistance to all users by contacting the EFS Help Desk at (850) 245-6280.

All of the Division's publications and reporting forms are available on the Division of Elections' web site at http://elections.myflorida.com. It is your responsibility to read, understand, and follow the requirements of Florida's election laws. Therefore, please print a copy of the following documents: Chapters 104 and 106, Florida Statutes, 2012 Candidate and Campaign Treasurer Handbook, 2013 Calendar of Reporting Dates, and Rule 1S-2.017, Florida Administrative Code.

Please let me know if you need additional information.

Sincerely.

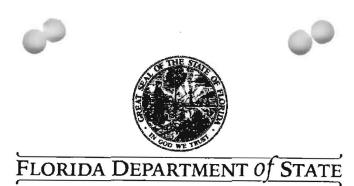
Kunt Reici B

Kristi Reid Bronson, Chief Bureau of Election Records

KRB/ljr

Enclosures

EXHIBIT



RICK SCOTT Governor

KEN DETZNER Secretary of State

March 11, 2016

The Honorable Dwight Mitchell Bullard (60314) Post Office Box 10656 Miami, Florida 33116

Dear Representative Bullard:

This will acknowledge receipt of the Appointment of Campaign Treasurer and Designation of Campaign Depository informing us that you are changing the designation of office for which you are a candidate from 2016 State Senate, District 39 to 2016 State Senate, District 40. The active candidate list has been updated to reflect this change. If the change in numerical designation resulted solely from redistricting, the change will not affect your ability to retain campaign contributions received for the former district number for which you had filed. In this instance, you are not required to notify contributors of the change in district number. See s. 106.021(1)(a), Fla. Stat. (2015).

If you have any questions, or if we may be of further assistance, please call (850) 245-6280.

Sincerely,

intofeig D

Kristi Reid Bronson, Chief Bureau of Election Records

KRB/ljr



EXHIBIT



FLORIDA DEPARTMENT OF STATE Ken Detzner Secretary of State DIVISION OF ELECTIONS

January 14, 2016

Dwight Bullard Post Office Box 160156 Miami, FL 33116

Re: CAN 60314

Dear Senator Bullard:

The Division of Elections has determined that one or more campaign reports are incomplete for the reasons noted in the attached error report.

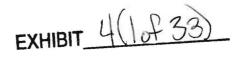
Pursuant to Section 106.07(2), Florida Statutes, you have 7 days from receipt of this notice to file an amended report to correct errors or provide missing information. If the information has been reported accurately, provide a written explanation to the Division addressing the issue noted in the error report. Please be advised that failure to supply this information within the time allowed may constitute a violation of Chapter 106, Florida Statutes.

If you need assistance in filing an amendment, please contact the Division's help line at (850) 245-6280.

Sincerely, Interent

Kristi Reid Bronson Chief, Bureau of Election Records

Attachment



Error Report

Page 1

Can	lidate: Dv	vight Bullard				Office: S	TS				
R	eport: 20	15 M12 (31) Cove	ering Period: 12/1/15 - 12	2/31/15		Account: 60	0314				
ntrib	utions		Contributor			- Contributio	n				
Se	<u>q</u> <u>Date</u>	<u>Name</u>	Address	City/State/Zip	Type Occu	pation Type	Amount InKind Descrip Ar	mend			
	1 01/04/1	SOUTHERN GARDENS CITRU NURSERY, LLC	IS 111 PONCE DE LEON AVE	CLEWISTON, FL 3-3440	B AGRICU	LTURE CHE	\$500.00				
		*The Transaction Date	Is Either Before Or After The R	eport Coverage Period							
pend	itures		· · · · · · · · · · · · · · · · · · ·								
eq	Date	Name	<u>Address</u>	City/State/Zip	Type	Expenditure Purpose	Amount Amend	0			
3	12/11/12	FEDEX	8603 S DIXIE HWY	MIAMI, FL 3-3156	MON	POSTAGE	\$37.44				
		*The Transaction Date Is E	Either Before Or After The Repo	rt Coverage Period				,			
6		USPS	10360 SW 186TH ST	MIAMI FL 3-3197	MON	POSTAGE	\$37.95				
	*The Transaction Date Is Either Before Or After The Report Coverage Period										
7	12/18/16	KMART	20505 \$ DIXIE HWY	CUTLER BAY, FL 3-3189	MON	SUPPLIES	\$59.23				
	*The Transaction Date Is Either Before Or After The Report Coverage Period										
14	1 <i>2/</i> 29/16	VARIETY ENTERTAINMENT	3020 1 PROSPERITY CHURCH RD	CHARLOTTE NC 2-8269	MON	EVENT SPONSORSHIP	\$521.00	_			
		*The Transaction Date Is	Either Before Or After The Repo	rt Coverage Period				_			

und Transfers

/14/2016

ther Distributions

EXHIBIT 4(201 33)



FLORIDA DEPARTMENT OF STATE Ken Detzner Secretary of State DIVISION OF ELECTIONS

Second Notice

February 2, 2016

Dwight Bullard Post Office Box 160156 Miami, FL 33116

Re: CAN 60314

Dear Senator Bullard:

On January 14, 2016, you were advised that one or more of your campaign treasurer's reports were incomplete and that you had 7 days to provide the requested information.

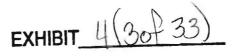
In response to our notice, you have requested additional time to gather the information necessary to properly amend your report. The Division has noted your records to reflect this request.

You have an additional 14 days to provide the information requested. If the information requested in our prior notice is not received within 14 days of the date of this letter, we will refer this matter to the Florida Elections Commission.

Sincerely,

Kristi Reid Bronson, Chief Bureau of Election Records

Attachment



2/2/2	2/2016 Fiorida Department of State - Division of Elections Pag									
				Error Report						
Can	didate: Dv	vight Bullard				Office:	ST <u>S</u>			
F	Report: 20	15 M12 (31) Cove	ring Period: 12/1/15 - 12	2/31/15		Account:	60314			
antr	outions	(Contributor			Contributio	on			
S	eq <u>Date</u>	Name	Address	City/State/Zip	Туре Осо	upation Type	Amount InKind Descrip	Amend		
	1 01/04/1	6 SOUTHERN GARDENS CITRUS NURSERY, LLC	111 PONCE DE LEON AVE	CLEWISTON, FL 3-3440	B AGRIC	CHE CHE	\$500.00			
		"The Transaction Date	s Either Before Or After The R	eport Coverage Period						
xpent	ftures —									
Seq	Date	Name	Address	City/State/Zip	Type	Expenditure Purpose	Amount Amend	(
3	12/11/12	FEDEX	8603 S DIXIE KWY	MIAMI, FL 3-3156	MON	POSTAGE	\$37.44			
		*The Transaction Date Is Ei	ther Before Or After The Repo	rt Coverage Period						
6	12/16/16	USPS	10360 SW 186TH ST	MIAMI, FL 3-3197	MON	POSTAGE	\$37 95			
		*The Transaction Date Is Ei	ther Before Or After The Repo	rt Coverage Period						
7	12/18/16	KMART	20505 S DIXIE HWY	CUTLER BAY, FL 3-3189	MON	SUPPLIES	\$59.23	8 X		
		*The Transaction Date Is E	ther Before Or After The Repo	rt Coverage Period						
14	12/29/16	VARIETY ENTERTAINMENT	3020 I PROSPERITY CHURCH RD	CHARLOTTE, NC 2-8269	MON	EVENT SPONSORSHIP	\$521.00			
		"The Transaction Date Is E	ither Before Or After The Repo	rt Coverage Period						

Page 1

Fund Transfers

Other Distributions

•.

EXHIBIT 4(40 33)



FLORIDA DEPARTMENT OF STATE Ken Detzner Secretary of State

DIVISION OF ELECTIONS

FINAL NOTICE

Delivery Confirmation:

USPS TRACKING # 9114 9999 4431 3834 3659 39 & CUSTOMER RECEIPT For Tracking or Inquiries go to USPS.com or call 1-800-222-1811.

February 17, 2016

Dwight Bullard Post Office Box 160156 Miami, FL 33116

Re: CAN 60314

Dear Senator Bullard:

You have previously been advised that one or more campaign treasurer's reports are incomplete for the reasons noted in the attached error report.

Pursuant to Section 106.07(2), Florida Statutes, you have 7 days from receipt of this letter to correct errors or provide missing information. If the information has been reported accurately, you must provide a written explanation to the Division addressing the issue noted in the error report. Please be advised that if you fail to comply with this request, the Division will forward this matter to the Florida Elections Commission for further action. Section 106.265(1), Florida Statutes, authorizes the Florida Elections Commission to impose civil penalties of up to \$1,000 per violation.

If you need assistance in filing an amendment, please contact the Division's help line at (850) 245-6280.

Sincerely.

Kristi Reid Bronson Chief, Bureau of Election Records

Attachment

EXHIBIT 4(50732

2/17/	2016		Fiorida D	lepartment of State - Divisi	on of Election:	8			Page 1
				Error Report					
Can	didate: D	wight Bullard					Office: S	T <u>S</u>	
F	Report: 20	015 M12 (31) Cov	vering Period: 12/1/15 - 12	2/31/15		F	Account: 60	0314	
atri	butions	·····	Contributor			Cont	ributio	n	
<u>s</u>	<u>eq Date</u> 1 01/04/		Address	CIEWISTON FL 3-3440	Туре	Occupation GRICULTURE	<u>Type</u> CHE		Amend
		*The Transaction Dat	e Is Either Before Or After The R	eport Coverage Period					
(penc	itures								
eq	Date	Name	Address	City/State/Zip	Туре	<u>Expenditu</u>	re Purpose	Amount Amend	
3	12/11/12	FEDEX	8603 S DIXIE HWY	MIAMI, FL 3-3155	MON	POSTAGE		\$37.44	
		*The Transaction Date Is	Either Before Or After The Repo	rt Coverage Period					
6	12/16/16	USPS	10360 SW 186TH ST	MIAMI, FL 3-3197	MON	POSTAGE		\$37.95	iter.
		*The Transaction Date Is	Either Before Or After The Repo	rt Coverage Period					
7	12/18/16	KMART	20505 S DIXIE HWY	CUTLER BAY, FL 3-3189	MON	SUPPLIES		\$59.23	
		*The Transaction Date Is	Either Before Or After The Repo	rt Coverage Period					
14	12/29/16	VARIETY ENTERTAINMENT	3020 I PROSPERITY CHURCH RD	CHARLOTTE, NC 2-8269	MON	EVENT SPONS	ORSHIP	\$521.00	
		*The Transaction Date Is	Either Before Or After The Repo	rt Coverage Period					
			The state of the s						

und Transfers

ther Distributions

EXHIBIT 4 (bot 33)

	racking®			Page 1 of 2
	vice USPS Mobile			Register / Sign In
		USPS.COM [®]		
USPS Tracking	ſ®			
	PS Tracking®			
Tracking Number: 91149999	44313834365939			
Updated Delivery Day: Satur	rday, February 20, 2016			
Product & Tracking	g Information		Available Acti	ons
Postal Product:				
DATE & TIME	STATUS OF ITEM	LOCATION		
February 20, 2016 , 12:31 pm	Delivered, PO Box	MIAMI, FL 33116		
Your item has been delivered an FL 33116.	id is available of a PO Box at 12:31	pm on February 20, 2016 in MIAM!		
February 20, 2016 , 8.51 am	Out for Delivery	MIAMI, FL 33116		
February 20, 2016 , 8:41 am	Sorting Complete	MIAMI, FL 33116		
February 20, 2016 , 7:59 am	Arrived at Post Office	MIAMI, FL 33116		
February 19, 2016 , 8:35 pm	Arrived at USPS Facility	OPA LOCKA, FL 33054		
February 18, 2016 , 8:56 pm	Arrived at USPS Facility	TALLAHASSEE, FL 32301		
Track Another Pa	ickage		Manage Incoming	Packages
Tracking (or receipt) number			Track all your packages from a da No tracking numbers necessary.	shboard.

Track It

No tracking numbers necessary.

Sign up for My USPS >



HELPFUL LINKS Contact Us Site Index FAQs

ON ABOUT USPS.COM About USPS Home Newsroom USPS Service Updates Forms & Publications Government Services Careers

Copyright © 2016 USPS. All Rights Reserved.

OTHER USPS SITES Business Customer Gateway Postal Inspectors Inspector General Postal Explorer National Postal Museum Resources for Developers

EXHIBIT 4 (707 33

LEGAL INFORMATION Privacy Policy Terms of Use FOIA No FEAR Act EEO Data







FLORIDA DEPARTMENT OF STATE Ken Detzner Secretary of State DIVISION OF ELECTIONS

February 8, 2016

Dwight Bullard Post Office Box 160156 Miami, FL 33116

Re: CAN 60314

Dear Senator Bullard:

The Division of Elections has determined that one or more campaign reports are incomplete for the reasons noted in the attached error report.

Pursuant to Section 106.07(2), Florida Statutes, you have 7 days from receipt of this notice to file an amended report to correct errors or provide missing information. If the information has been reported accurately, provide a written explanation to the Division addressing the issue noted in the error report. Please be advised that failure to supply this information within the time allowed may constitute a violation of Chapter 106, Florida Statutes.

If you need assistance in filing an amendment, please contact the Division's help line at (850) 245-6280.

Sincerely,

Kristi Reid Bronson Chief, Bureau of Election Records

Attachment

EXHIBIT

2/8/2016	Horida Department of State	- Division of Elections	Page 1
	Compliance	8 Report	
Candidate: Dwight	Builard	Office: STS	
Report: 2013 Q1	(1) Covering Period: 2/22/13 - 3/31/13	Account: 60314	
verat			
ontributions		Contribution	
Statute FAC	Description	Seg Date Name City	Type Amount
1S-2.017 F	Incorrect contributor type	2 3/1/2013 FEA ADVOCACY FUND	CHE \$500.00
xpenditures			
und Transfers			
uner Distributions			
Report: 2014 M2	(8) Covering Period : 2/1/14 - 2/28/14	Account: 60314	Type Amount
iverali			Z
contributions			-
xpenditures			
•••••		<u>Seq</u> <u>Date</u> <u>Name</u> <u>City</u>	Type Amount
Statute FAC 106.011(4)	Description Expenditure not made to influence result of candidate's election	1 2/18/2014 FLORIDA CONFERENCE OF BLACK	MON \$500.00
106.011(4)	Expenditure not made to influence result of candidate's election	2 2/27/2014 DELTA SIGMA THETA SORORITY	MON \$150.00
		INC.	
und Transfers			
ither Distributions			
Report: 2014 M8	3 (14) Covering Period: 8/1/14 - 8/31/14	Account: 60314	
lera			
Contributions			
xpenditures			
	Brandetta.	<u>Seq Date Name</u> <u>City</u>	<u>Type Amount</u>
<u>Statute</u> <u>FAC</u> 106 011(4)	Description Expenditure not made to influence result of candidate's election	1 8/14/2014 PRICELINE COM	MON \$887.00
106.011(4)	Expenditure not made to influence result of candidate's election	3 8/5/2014 HOPE FOR LY FE CHARITY	MON \$150.00
und Tropofone			
Und Transfors			
Ither Distributions		A	
Report: 2014 M	11 (17) Covering Period: 11/1/14 - 11/30/14	Account: 60314	

Florida Department of State - Division of Elections

			Complia	nce Report					
Candidat	e: Dwight B	ullard				Offi	ce: STS		
Report:	2014 M11	(17) Covering Period:	11/1/14 - 11/30/14			Accour	nt: 60314		
renali									
ontributions									
xpenditures						Ex	penditure -	· · · · · · · · · · · · · · · · · · ·	
Statute	FAC	Description		<u>Seq</u>	Date	Name	City	Туре	<u>Amount</u>
106.011(4)			nce result of candidate's election	2	11/10/201	ALPHA KAPPA ALPHA SOROF	RITY,	MON	\$214.00
106.011(4)		Expenditure not made to influe	nce result of candidate's election	6	11/19/201	BETHUNE COOKMAN UNIVER	SITY	MON	\$255.00
d Transfer	r8				Ŧ				
ther Distrib	utions								
Report:	2014 M12	(18) Covering Period:	12/1/14 - 12/31/14			Accou	nt: 60314		/
veral									(
entributions	ł								
xpenditures						_			
				Seq	Date	Name Ex	penditure <u>City</u>	<u>Туре</u>	Amount
<u>Statute</u> 106.011(4)	FAC	Description	nce result of candidate's election		12/5/2014		<u></u>	MON	\$583.33
100.011(4)		Experience not made to mille	The result of candidate's election	1	12/3/2014	FLORIDA			4000.00
und Transfe	rs								
ther Distrib	utions		<u> </u>						
Report:	2015 M3	(21) Covering Period:	3/1/15 - 3/31/15			Accou	nt: 60314		
.813									
Contributions	ł								
xpanditures	(
				Seq	Date	Name	pendíture City	<u>Type</u>	Amount
Statute 106.011(4)	FAC	Description Expenditure not made to influe	nce result of candidate's election		3/19/2015		0111	MON	\$487.70
		Experience not made to mille	not result of candidate 5 Biection	0	JI 13/2013				\$401.70
und Transfe	F8								
iund Transfei Ither Distrib									

Fiorida Department of State - Division of Elections

Compliance Report

			Compas	ance Report	-				
	e: Dwight B						Office: STS		
Report:	2015 M4	(22) Covering Period:	4/1/15 - 4/30/15			Acc	ount: 60314		
Contributions									
Expenditures						E	xpenditure		
<u>Statute</u>	FAC	Description		Seq	Date	Name	City	Түре	<u>Amount</u>
106.07		Purpose not specific		3	4/9/2015	THE FRAME SHOPPE		MON	\$47.06
106.011(4)		Expenditure not made to influe	nce result of candidate's election	4	4/9/2015	PEOPLE FOR THE AMER	RICAN WAY	MON	\$50.00
und Transfer	8								
er Distribu	rtions								
Report:	2015 M5	(23) Covering Period:	5/1/15 - 5/31/15			Acc	ount: 60314		
Overal									
Contributions									
Expenditures							Expenditure -		
Statute	FAC	Description		Seq	Date	Name	City	Туре	Amount
106.07		Purpose not specific		9	5/20/2015	FRAME ART		MON	\$64.20
Fund Transfer	78								
Other Distribu	itions				- <i>,</i>				
Report:	2015 M6	(24) Covering Period:	6/1/15 - 6/30/15			Acc	count: 60314		
lveral									
Intributions									
Expenditures									
	• • • •			 Fog	Date	Name	Expenditure - <u>City</u>	Туре	Amount
Statute 106.011(4)	FAC	Description Expanditure pet mode to influe	no coult of condidate's clocking	<u>Seq</u>	6/4/2015	MAYS HIGH ALUMNI AS		X	\$190.00
106.011(4)		24 THE THEOREM AND ADDRESS ADDRESS (MARK COMPARISON)	nce result of candidate's election nce result of candidate's election	4	A.C. 20000 - 00000	CHURCH OF THE ASCE		MON	\$140.11
106.011(4)		2 - 192 - 195	nce result of candidate's election		6/5/2015	FLORIDA A&M UNIVERS		MON	\$75.00
N 4000 12 12 12 14 14				5	0/0/2010				010.00
Fund Transfei									
Other Distribu									
Report:	2015 M7	(25) Covering Period:	7/1/15 - 7/31/15			Ac	count: 60314		

Horida Department of State - Division of Elections

Compliance Report

Office: STS Candidate: Dwight Bullard Account: 60314 Report: 2015 M7 (25)Covering Period: 7/1/15 - 7/31/15 **Everal** Contributions Expenditures Expenditure -----City Type Amount Seq Date Name FAC Statute Description SAVE THE CHILDREN MON \$20.00 106.011(4) Expenditure not made to influence result of candidate's election 2 7/6/2015 MICHAELS MON \$175.25 106.07 Purpose not specific 7/14/2015 6 O CINEMA WYNWOOD \$31.52 MON 106.011(4) Expenditure not made to influence result of candidate's election 15 7/24/2015 106.011(4) AMERICAN AIRLINES MON \$125.00 Expenditure not made to influence result of candidate's election 7/27/2015 16 \$2,181.15 MON 1S-2.017 F incorrect name/source 7/24/2015 STK 19 MON \$2.181.15 19 7/24/2015 STK 106.011(4) Expenditure not made to influence result of candidate's election **Fund Transfors** Other Distributions Account: 60314 Report: 2015 M8 (26)Covering Period: 8/1/15 - 8/31/15 Overal **Contributions** Expenditures Expenditure -----Date Name City Туре Amount Seq Statute FAC Description 106.011(4) MIAMI PASSPORT OFFICE MON \$170.00 Expenditure not made to influence result of candidate's election 4 8/1/2015 106.011(4) Expenditure not made to influence result of candidate's election 5 8/9/2015 MINUTE SUITES MON \$41.21 6 8/11/2015 FAMOUS FOOTWEAR 106.011(4) MON \$69.99 Expenditure not made to influence result of candidate's election Fund Transfers Other Distributions Report: 2015 M9 (27)Covering Period: 9/1/15 - 9/30/15 Account: 60314 **Overal** Contributions Contribution ----Date City Type Amount Seq Name Statute FAC Description FLORIDA HEALTH CARE PAC 106.08 CHE \$1,000.00 Contribution limits were exceeded - Written explanation required 2 9/9/2015

Page 4

100

EXHIBIT

Fierida Bepartment of State - Division of Elections

Compliance Report

1S-2.017 F 106.08 Statute FA(106.011(4)) 106.011(4) 106.011(4) 106.011(4) 106.011(4) 106.011(4) 106.011(4) 106.011(4) Ind Transfers ther Distributions Report: 2015 wirributions Statute FA(106.07) 106.07 106.07 106.07 106.07 106.011(4) 106.011(4) 106.011(4) 106.011(4) 106.011(4) 106.011(4) Ind Transfers ther Distributions Report: 2015	and a second		Office: STS							
Report: 2	2015 M9	(27) Covering Period:	9/1/15 - 9/30/15			AA	Account:			
						No	Contr	ibution		
	FAC	Description		Seq	Date	<u>Name</u>		City	Туре	Amount
1S-2.017 F		Incorrect contributor type		10	9/1/2015	FEA ADVOCACY FU	NO		CHE	\$500.00
106.08		Contribution limits were exceeded	d - Written explanation required	10	9/1/2015	FEA ADVOCACY FU	ND		CHE	\$500.00
kpenditures							Expe	nditure -		
Statute	FAC	Description		Seq	Date	Name	806 • C	City	Type	Amount
106.011(4)	1.40	Expenditure not made to influence	e result of candidate's election	10	9/15/2015	GLORY TEMPLE MIN	NISTRIES		MON	\$300.00
106.011(4)		Expenditure not made to influence	e result of candidate's election	14	9/21/2015	AMERICAN CANCER	RSOCIETY		MON	\$250.00
106.011(4)		Expenditure not made to influence	e result of candidate's election	22	9/29/2015	AMERICAN AIRLINE	.S		MON	\$317.11
und Transfers										
ther Distributi	ons									
Report: 2	2015 M10	(28) Covering Period:	10/1/15 - 10/31/15			ł	Account:	60314		
							0 +	- 1 In A 1		
						Nama	Conti	ribution -	 Tuno	
Statute	FAC	Description		<u>Seq</u>	<u>Date</u>	<u>Name</u>		ribution - <u>City</u>	Type	Amount
<u>Statute</u> 106.07	FAC	Description Occupation/business not specific	2	5	10/9/2015	CENTENE MANAGE	MENT		CHE	\$500.00
<u>Statute</u> 106.07	FAC	Description	2	5		CENTENE MANAGE	MENT			
<u>Statute</u> 106.07	FAC	Description Occupation/business not specific	2	5	10/9/2015	CENTENE MANAGE	MENT MITTEE		CHE	\$500.00
<u>Statute</u> 106.07 106.07 Xpenditures	FAC FAC	Description Occupation/business not specific	2	5	10/9/2015	CENTENE MANAGE	MENT MITTEE	<u>City</u>	CHE	\$500.00
Statute 106.07 106.07 Xpenditures Statute		Description Occupation/business not specific Occupation/business not specific	; ;	5 9 <u>Seq</u>	10/9/2015	CENTENE MANAGE COMPANY LLC 78 POLITICAL COM	мент міттее Ехре	<u>City</u> enditure -	СНЕ СНЕ	\$500.00
Statute 106.07 106.07 xpenditures Statute 106.011(4)		Description Occupation/business not specific Occupation/business not specific Description	ce result of candidate's election	5 9 <u>Seq</u>	10/9/2015 10/9/2015 <u>Date</u> 10/2/2015	CENTENE MANAGE COMPANY LLC 78 POLITICAL COM	iment Mittee E x p e Dpen door	<u>City</u> enditure -	CHE CHE <u>Type</u>	\$500.00 \$1,000.00 <u>Amoun</u> t
<u>Statute</u> 106.07 106.07 Xpenditures <u>Statute</u> 106.011(4) 106.011(4)		Description Occupation/business not specific Occupation/business not specific Description Expenditure not made to influence	ce result of candidate's election	5 9 <u>Seq</u> 2	10/9/2015 10/9/2015 Date 10/2/2015 10/2/2015	CENTENE MANAGE COMPANY LLC 78 POLITICAL COM <u>Name</u> CHURCH OF THE C	MENT MITTEE E x p e OPEN DOOR ES	<u>City</u> enditure -	CHE CHE <u>Type</u> MON	\$500.00 \$1,000.00 <u>Amoun</u> \$160.00
<u>Statute</u> 106.07 106.07 Xpenditures <u>Statute</u> 106.011(4) 106.011(4)	FAC	Description Occupation/business not specific Occupation/business not specific Description Expenditure not made to influence Expenditure not made to influence	ce result of candidate's election	5 9 <u>Seq</u> 2 3	10/9/2015 10/9/2015 Date 10/2/2015 10/5/2015	CENTENE MANAGE COMPANY LL C 78 POLITICAL COM Name CHURCH OF THE C AMERICAN AIRLINE GRAY PANTHERS (MENT MITTEE E x p e OPEN DOOR ES	<u>City</u> enditure -	CHE CHE <u>Type</u> MON MON	\$500.00 \$1,000.00 <u>Amoun</u> \$160.00 \$456.20
Statute 106.07 106.07 Expenditures Statute 106.011(4) 106.011(4) 106.011(4) 106.011(4)	FAC	Description Occupation/business not specific Occupation/business not specific Description Expenditure not made to influence Expenditure not made to influence	ce result of candidate's election	5 9 <u>Seq</u> 2 3	10/9/2015 10/9/2015 Date 10/2/2015 10/5/2015	CENTENE MANAGE COMPANY LL C 78 POLITICAL COM Name CHURCH OF THE C AMERICAN AIRLINE GRAY PANTHERS (MENT MITTEE E x p e OPEN DOOR ES	<u>City</u> enditure -	CHE CHE <u>Type</u> MON MON	\$500.00 \$1,000.00 <u>Amoun</u> \$160.00 \$456.20
Statute 106.07 106.07 xpenditures Statute 106.011(4) 106.011(4) 106.011(4) und Transfors ther Distribut	<u>FAC</u>	Description Occupation/business not specific Occupation/business not specific Occupation/business not specific Description Expenditure not made to influence Expenditure not made to influence Expenditure not made to influence	ce result of candidate's election ce result of candidate's election ce result of candidate's election ce result of candidate's election	5 9 <u>Seq</u> 2 3	10/9/2015 10/9/2015 Date 10/2/2015 10/5/2015	CENTENE MANAGE COMPANY II C 78 POLITICAL COM Name CHURCH OF THE C AMERICAN AIRLINE GRAY PANTHERS (DADE	MENT MITTEE E x p e OPEN DOOR ES	<u>City</u> enditure - <u>City</u>	CHE CHE <u>Type</u> MON MON	\$500.00 \$1,000.00 <u>Amoun</u> \$160.00 \$456.20
Statute 106.07 106.07 Expenditures Statute 106.011(4) 106.011(4) 106.011(4) Example to the state Statute 106.011(4) 106.011(4) 106.011(4)	<u>FAC</u>	Description Occupation/business not specific Occupation/business not specific Occupation/business not specific Description Expenditure not made to influence Expenditure not made to influence Expenditure not made to influence	ce result of candidate's election ce result of candidate's election ce result of candidate's election ce result of candidate's election	5 9 <u>Seq</u> 2 3	10/9/2015 10/9/2015 Date 10/2/2015 10/5/2015	CENTENE MANAGE COMPANY II C 78 POLITICAL COM Name CHURCH OF THE C AMERICAN AIRLINE GRAY PANTHERS (DADE	MENT MITTEE E X P E OPEN DOOR ES OF SOUTH	<u>City</u> enditure - <u>City</u>	CHE CHE <u>Type</u> MON MON	\$500.00 \$1,000.00 <u>Amoun</u> \$160.00 \$456.20
Statute 106.07 106.07 Statute 106.011(4) 106.011(4) 106.011(4) 106.011(4) 106.011(4) 106.011(4) 106.011(4) 106.011(4) 106.011(4) 106.011(4)	<u>FAC</u>	Description Occupation/business not specific Occupation/business not specific Occupation/business not specific Description Expenditure not made to influence Expenditure not made to influence Expenditure not made to influence	ce result of candidate's election ce result of candidate's election ce result of candidate's election ce result of candidate's election	5 9 <u>Seq</u> 2 3	10/9/2015 10/9/2015 Date 10/2/2015 10/5/2015	CENTENE MANAGE COMPANY II C 78 POLITICAL COM Name CHURCH OF THE C AMERICAN AIRLINE GRAY PANTHERS (DADE	MENT MITTEE E x p e OPEN DOOR ES OF SOUTH Account:	<u>City</u> enditure - <u>City</u>	CHE CHE MON MON MON	\$500.00 \$1,000.00 <u>Amoun</u> \$160.00 \$456.20

EXHIBIT 4(13023)

Fiorida Department of State - Division of Elections

Compliance Report

Candidate: Dwight Bullard			Office:	STS			_
Report: 2015 M11 (29) Covering Period: 11/1/15 - 11/	/30/15		Account:	60314			
106.07 Occupation/business not specific	1	11/26/201	RON BOOK PA OPERATING ACCT		CHE	\$1,000.00	
xpenditures			Ехреі	nditure			
Statute FAC Description	Seq	Date	Name	City	Түре	Amount	
106.07 Purpose not specific	6	11/10/201	BRANDSMART		MON	\$103.40	
106.011(4) Expenditure not made to influence result of cand	didate's election 12	11/25/201	ROSEN SHINGLE CREEK		MON	\$145.12	
and Thomsfore							
and Transfers							
der Distributions							
Report: 2015 M12 (31) Covering Period: 12/1/15 - 12	/31/15		Account:	60314			- 6
Iverail							
Contributions							-
Expenditures			F	1 1 4			J-11
	Seg	Date	Name	nditure <u>City</u>	Туре	Amount	T
Statute FAC Description 106.011(4) Expenditure not made to influence result of cancer		12/21/201	AMERICAN COUNCIL OF YOUNG		MON	\$100.00	
106.011(4) Expenditure not made to influence result of card		12/1/2015	POLITICAL LEADERS MIAMI CHILDREN'S INITIATIVE		MON	\$250.00	ŀ
106.011(4) Expenditure not made to influence result of cance		12/1/2015	PINE VILLA ELEMENTARY PTA		MON	\$150.00	
106.011(4) Expenditure not made to influence result of cancer		12/1/2015	SOUTH SPIRIT BOYS CLUB		MON	\$375.00	
Expenditore not made to initiatice result of cano	didate's election 18	12/1/2015	Sooth Brinn Borb Scob			43/5.00	
Fund Transfers							
ther Distributions							



First Primary: <= 8/30/16

Page 1 of 3

20161108-GEN

60314 Dwight Bullard

00014	Dwight Dunard			2010	1100-0	
Туре	Name	City	Amount	Date	Seq	Report
F-CHE	78 POLITICAL COMMITTEE	ORLANDO	\$1,000.00	10/9/2015	9	2015 M10
B-CHE	ABC FINE WINE AND SPIRITS, INC.	ORLANDO	\$1,000.00	9/9/2015	5	2015 M9
B-CHE	ADT LLC	BOCA RATON	\$500.00	6/17/2013	3	2013 Q2
B-CHE	ADVANCE PUBLICATIONS INC	NEW YORK	\$1,000.00	12/4/2015	4	2015 M12
F-CHE	AFSCME	WASHINGTON	\$1,000.00	3/2/2015	6	2015 M3
B-CHE	AKERMAN LLP	MAITLAND	\$1,000.00	10/9/2015	2	2015 M10
B-CHE	AMERICAN TRAFFIC SOLUTIONS, INC.	SCOTTADALE	\$500.00	12/12/2013	1	2013 M12
I-CHE	ANDRE KAREN	WASHINGTON	\$200.00	7/24/2015	11	2015 M7
B-CHE	ANFIELD CONSULTING GROUP INC.	TALLAHASSEE	\$500.00	7/14/2015	9	2015 M7
F-CHE	AT&T PAC	TALLAHASSEE	\$500.00	2/25/2015	13	2015 M2
F-CHE	AT&T SOUTH FLORIDA PAC	TALLAHASSEE	\$500.00	9/1/2015	8	2015 M9
I-CHE	BAKER MARTHA	MIAMI BEACH	\$100.00	1/15/2015	5	2015 M1
B-CHE	BECKER & POLIAKOFF	FT. LAUDERDALE	\$500.00	2/4/2015	7	2015 M2
B-CHE	BRIGHT HOUSE INFORMATION SERVICES FLORIDA, LLC	EAST SYRACUSE	\$500.00	3/2/2015	1	2015 M3
B-CHE	BRIGHT HOUSE NETWORKS LLC	SYRACUSE	\$500.00	3/2/2015	17	2015 M3
I-CHE	BRONER KRISTIN	DEERFIELD BEACH	\$50.00	9/22/2015	15	2015 M9
B-CHE	BUIGAS & ASSOC., INC.	TALLAHASSEE	\$500.00	7/10/2015	7	2015 M7
I-LOA	BULLARD DWIGHT	MIAMI	\$250.00	1/31/2015	17	2015 M1
B-CHE	CALDER CASINO & RACE COURSE	MIAMI GARDENS	\$1,000.00	2/25/2015		2015 M2
B-CHE	CENTENE MANAGEMENT COMPANY LLC	ST. LOUIS	\$500.00	10/9/2015		2015 M10
F-CHE	CITIZENS FOR COMMON SENSE IN GOVERNMENT	TALLAHASSEE	\$1,000.00	9/15/2015	4	2015 M9
F-CHE	COALITION OF AFFORDABLE HOUSING PC	TALLAHASSEE	\$500.00	3/2/2015	15	2015 M3
B-CHE	CURVA AND ASSOC. LLC	TALLAHASSEE	\$500.00	2/4/2015		2015 M2
F-CHE	DADE COUNTY FIREFIGHTERS	MIAMI	\$500.00	2/27/2014	1	2014 M2
B-CHE	DAVE & BUSTERS	DALLAS	\$500.00	3/3/2014	3	2014 M3
B-CHE	DAVID R. CUSTIN & ASSOC.	MIAMI	\$500.00	8/24/2015	_	2015 M8
I-CHE	DENT BARBARA	MIAM	\$50.00	1/15/2015		2015 M1
B-CHE	DISNEY GIFT CARD	LAKE BUENA VISTA	\$500.00	3/3/2014		2014 M3
B-CHE	DISNEY VACATION DEVELOPMENT, INC.	CELEBRATION	\$500.00	8/16/2013		2013 Q3
I-CHE	DIXON MARCUS	MIAMI	\$50.00	1/15/2015	10	2015 M1
B-CHE	ELECTRICAL MASTERS GROUP LLC	HOMESTEAD	\$250.00	6/21/2014	- 1	2014 M6
I-CHE	ELLIS COREY	MIRAMAR	\$50.00	1/15/2015	_	2015 M1
B-CHE	FCCI SERVICES INC.	SARASOTA	\$1,000.00	10/9/2015	. <u> </u>	2015 M10
TF-CHE	FEA ADVOCACY FUND	TALLAHASSEE	\$500.00	9/1/2015	10	2015 M9
FCHE	FEA ADVOCACY FUND	TALLAHASSEE	\$500.00	3/1/2013		2013 Q1
B-CHE	FEA ADVOCACY FUND	TALLAHASSEE	\$500.00	1/30/2015		2015 M1
I-CHE	FERGUSON HOWELL	TALLAHASSEE	\$500.00	3/2/2015	2	2015 M3
I-CHE	FERGUSON HOWELL	TALLAHASSEE	\$500.00	9/1/2015	<u>_</u>	2015 M9
F-CHE	FLADPAC	TALLAHASSEE	\$500.00	2/3/2015		2015 M2
B-CHE	FLORIDA ACRE	TALLAHASSEE	\$500.00	10/9/2015	3	2015 M10
B-CHE	FLORIDA AFL-CIO	TALLAHASSEE	\$500.00	7/21/2013		2013 Q3
B-CHE	FLORIDA AFL-CIO COPE	TALLAHASSEE	\$500.00	7/21/2013	- 4	2013 Q3
B-CHE	FLORIDA CABLE TELECOMMUNICATIONS ASSOC., INC.	TALLAHASSEE	\$500.00	9/10/2015		2015 M9
F-CHE	FLORIDA CPA PAC. INC.	TALLAHASSEE	\$1,000.00	9/3/2015		2015 M9
F-CHE	FLORIDA HEALTH CARE PAC	TALLAHASSEE	\$1,000.00	9/9/2015	Statement of the local division of the local	2015 M9
F-CHE	FLORIDA HEALTH CARE PAC	TALLAHASSEE	\$500.00	7/21/2013	2 2 2	2013 Q3
F-CHE	FLORIDA HOSPITAL ASSOCIATION PC	TALLAHASSEE	\$500.00	3/2/2015		2015 M3
F-CHE	FLORIDA HOSPITAL ASSOCIATION PC	TALLAHASSEE	\$500.00	9/1/2015		2015 M9
F-CHE	FLORIDA HOSPITAL ASSOCIATION PC FOR HEALTHY COMMUNITI	TALLAHASSEE	\$500.00	3/2/2015		2015 M3
F-CHE	FLORIDA HOSPITAL ASSOCIATION PC FOR QUALITY HEALTH CA	TALLAHASSEE	\$500.00	3/2/2015		2015 M3
F-CHE	FLORIDA HOSPITAL ASSOCIATION PC FOR QUALITY HEALTH CA	TALLAHASSEE				
F-One		ALLANAODEE	\$500.00	9/1/2015	9	2015 M9

EXHIBIT 4(15of 33)



FLORIDA DEPARTMENT OF STATE Ken Detzner Secretary of State DIVISION OF ELECTIONS

Second Notice

February 25, 2016

Dwight Bullard Post Office Box 160156 Miami, FL 33116

Re: CAN 60314

Dear Senator Bullard:

On February 8, 2016, you were advised that one or more of your campaign treasurer 's reports were incomplete and that you had 7 days to provide the requested information.

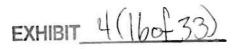
The Division's electronic filing system indicates that the required information has not been provided. Pursuant to Section 106.22, Florida Statutes, the Division is required to notify the Florida Elections Commission of the failure to provide information required by Chapter 106. Accordingly, if the information requested in our prior notice is not received within 7 days of receipt of this letter, we will refer this matter to the Commission. A second copy of the error report is attached for your convenience.

Sincerely,

heid B

Kristi Reid Bronson, Chief Bureau of Election Records

Attachment



2/22/2016 Florida Department of State	· · · · · · · · · · · · · · · · · · ·	Page 1	
Candidate: Dwight Bullard	Office: STS		
Report: 2013 Q1 (1) Covering Period: 2/22/13 - 3/31/13	Account: 60314		
Bveral			
Contributions	Contribution	2 <u>000</u>	
Statute FAC Description	<u>Seq Date Name City</u>	<u>Type</u> <u>Amount</u>	
1S-2.017 F Incorrect contributor type	2 3/1/2013 FEA ADVOCACY FUND	CHE \$500.00	
Expenditures			
Fund Transfers aer Distributions			
Report: 2014 M2 (8) Covering Period: 2/1/14 - 2/28/14	Account: 60314		
Overal	Account. 00314		
Centributions			
Expenditures	Expenditure		
Statute FAC Description	Seq Date Name <u>City</u>	Type Amount	
106.011(4) Expenditure not made to influence result of candidate's election	1 2/18/2014 FLORIDA CONFERENCE OF BLACK STATE LEGISLATORS	MON \$500.00	
106.011(4) Expenditure not made to influence result of candidate's election	2 2/27/2014 DELTA SIGMA THETA SORORITY	MON \$150.00	
Fund Transfers			
Other Distributions			
Report: 2014 M8 (14) Covering Period: 8/1/14 - 8/31/14	Account: 60314		
aral			
Contributions			
Expenditures	Expenditure		
Statute FAC Description	<u>Seq Date Name City</u>	Type Amount	
106.011(4) Expenditure not made to influence result of candidate's election	1 8/14/2014 PRICELINE COM	MON \$887.00	
106.011(4) Expenditure not made to influence result of candidate's election	3 8/5/2014 HOPEFORLY FE CHARITY	MON \$150 00	
Fund Transfers			
Other Distributions			
Report: 2014 M11 (17) Covering Period: 11/1/14 - 11/30/14	Account: 60314		

Florida Department of State - Division of Elections

Compliance Report

	ι ι	Compliance Report
Candidate: Dwight Bullard		Office: STS
Report: 2014 M11 (17) Co	vering Period: 11/1/14 - 11/30/14	Account: 60314
Overal		
Contributions		
Expenditures		Expenditure
Statute FAC Descripti	on	Seq Date Name City Type Amount
106.011(4) Expenditure	not made to influence result of candidate's elec	ction 2 11/10/201 ALPHA KAPPA ALPHA SORORITY. MON \$214.00
106.011(4) Expenditure	not made to influence result of candidate's elec	CTION 6 11/19/201 BETHUNE COOKMAN UNIVERSITY MON \$255.00
I Transfors		
Other Distributions		
	vering Period: 12/1/14 - 12/31/14	Account: 60314
overal		
Contributions		
Expenditures		
	•••••	Seg Date Name City Type Amount
Statute FAC Descripti		
106.011(4) Expenditure	e not made to influence result of candidate's elec	ection 1 12/5/2014 100 BLACK MEN OF SOUTH MON \$583.33
Fund Transfors		
Ther Distributions		
Report: 2015 M3 (21) Co	vering Period: 3/1/15 - 3/31/15	Account: 60314
Iral		
Contributions		
Expenditures		Expenditure
Statute FAC Descripti	on	Seq Date Name City Type Amount
	e not made to influence result of candidate's electronic	ection 6 3/19/2015 AMERICAN AIRLINES MON \$487.70
Fund Transfors		
Other Distributions		

Florida Department of State - Division of Elections

Compliance Report

Candidat	te: Dwight B	aullard	Contraction of the second seco	Ce report _			Office: STS			
	2015 M4		4/1/15 - 4/30/15			Ac	count: 60314			-
ntributions					·					_
xpenditures							Expenditure		•••••	
Statute	FAC	Description		Seg	Date	<u>Name</u>	City	Туре	Amount	
106.07		Purpose not specific		3	4/9/2015	THE FRAME SHOPPE		MON	\$47.06	
106.011(4)		Expenditure not made to influ	ence result of candidate's election	4	4/9/2015	PEOPLE FOR THE AM	ERICAN WAY	MON	\$50.00	
and Transfer	rs									
ler Bistrib	utions									
Report:	2015 M5	(23) Covering Period	5/1/15 - 5/31/15			Ac	count: 60314			
Iveral										
Contributions	1									
										3
xpenditures							Expenditure			,
Statute	FAC	Description		<u>Seg</u>	Date	Name	City	Type	Amount	
106 07		Purpose not specific		9	5/20/2015	FRAME ART		MON	\$64.20	
und Transfe	r s									
)th er Distrib	utions	_								_
Report:	2015 M6	(24) Covering Period	: 6/1/15 - 6/30/15			Ad	count: 60314			
veral										
antributions	1									
vnorfitures										
xpenditures						Nome	Expenditure	Type	Amount	
<u>Statute</u> 106.011(4)	FAC	Description		<u>Seq</u>	<u>Date</u> 6/4/2015	Name MAYS HIGH ALUMNI		<u>Түре</u> Х	\$190.00	
106.011(4)		• 810 D.%	ence result of candidate's election ence result of candidate's election	2	6/4/2015	CHURCH OF THE AS		MON	\$190.00	
106.011(4)			ence result of candidate's election		6/5/2015	FLORIDA A&M UNIVE		MON	\$75.00	
				0						
und Transfe										
Ither Distrib										
Report:	2015 M7	(25) Covering Period	: 7/1/15 - 7/31/15			A	ccount: 60314			_

Rerida Department of State - Division of Elections

		Complia	ance Report						
Candidate	e: Dwight B	ullard			Office	e: STS			
Report:	2015 M7	(25) Covering Period: 7/1/15 - 7/31/15			Account	: 60314			
eral									
ontributions									
cpenditures					Exp	enditure -			
C4-4-4-	EAC	Description	Seg	Date	Name	City	Туре	Amount	
Statute 106 011(4)	FAC	Description Expenditure not made to influence result of candidate's election	2	7/6/2015	SAVE THE CHILDREN		MON	\$20.00	
106.07		Purpose not specific	6	7/14/2015	MICHAELS		MON	\$175.25	
06.011(4)		Expenditure not made to influence result of candidate's election	15	7/24/2015	O CINEMA WYNWOOD		MON	\$31.52	N
106.011(4)		Expenditure not made to influence result of candidate's election	16	7/27/2015	AMERICAN AIRLINES		MON	\$125.00	5
1S-2.017 F		Incorrect name/source	19	7/24/2015	STK		MON	\$2,181.15	C
106.011(4)		Expenditure not made to influence result of candidate's election	19	7/24/2015	STK		MON	\$2,181.15	6
nd Transfer	14								2
ther Distribu									
	2015 M8	(26) Covering Period: 8/1/15 - 8/31/15			Account	t: 60314			-,
verali									_
mtributions									i
					Exp	enditure -			
Statute	FAC	Description	Seg	Date	Name	City	Туре	Amount	
106.011(4)	1110	Expenditure not made to influence result of candidate's election	4	8/1/2015	MIAMI PASSPORT OFFICE		MON	\$170.00	
106.011(4)		Expenditure not made to influence result of candidate's election	5	8/9/2015	MINUTE SUITES		MON	\$41.21	
106.011(4)		Expenditure not made to influence result of candidate's election	6	8/11/2015	FAMOUS FOOTWEAR		MON	\$69.99	
nd Transfer	rs								
ther Distrib	utions								
Report:	2015 M9	(27) Covering Period: 9/1/15 - 9/30/15			Accoun	t: 60314			
veral									
ontributions	6				C	tribution -			
					001				
Statute	FAC	Description	Seg	Date	Name	City	Type	Amount	

Florida Department of State - Division of Elections

Compliance Report

Candidate: Di	wight Bullard						Office	: STS		
Report: 201	5 M9 (27)	Covering Period:	9/1/15 - 9/30/15				Account			
								ribution <u>City</u>	_	Amount
Concerning and an and an and a second s		scription		Seg		Date	Name	City	Туре	
1 S-2.017 F		rrect contributor type		10		9/1/2015	FEA ADVOCACY FUND		CHE	\$500.00
106.08	Con	tribution timits were exceed	ded - Written explanation req	uired 10	0 9	9/1/2015	FEA ADVOCACY FUND		CHE	\$500.00
penditures							Ехр	enditure		
Statuto E/	AC <u>De</u>	scription		Seq		Date	Name	City	Туре	Amount
Statute FA 106.011(4)			ence result of candidate's ele	ction 10	0 9	9/15/2015	GLORY TEMPLE MINISTRIES		MON	\$300 00
106.011(4)			ence result of candidate's ele		4 9	9/21/2015	AMERICAN CANCER SOCIETY		MON	\$250.00
106.011(4)	5		ence result of candidate's ele		2 9	9/29/2015	AMERICAN AIRLINES		MON	\$317.11
nd Transfers										
her Distributions	ł									
Report: 201		Covering Period:	10/1/15 - 10/31/15				Account	t: 60314		
eral										
ntributions							Con	tribution		
Statute Fr	AC De	scription		<u>Se</u> g		Date	Name	City	Туре	Amount
106.07		supation/business not spec	cific		5	10/9/2015	CENTENE MANAGEMENT		CHE	\$500.00
106.07	Occ	upation/business not spec	cific		9	10/9/2015	COMPANY LLC 78 POLITICAL COMMITTEE		CHE	\$1,000.00
nendtures										
				Seg		Date	Name Exp	enditure <u>City</u>	Туре	Amount
<u>Statute</u> <u>F/</u> 106.011(4)		scription	ence result of candidate's ele			10/2/2015	CHURCH OF THE OPEN DOOR		MON	\$160.00
106.011(4)			ence result of candidate's ele			10/5/2015	AMERICAN AIRLINES		MON	\$456.20
106.011(4)			ence result of candidate's ele			10/26/201	GRAY PANTHERS OF SOUTH		MON	\$35.00
nd Transfers										
ther Distributions	R									
Report: 201		Covering Period:	: 11/1/15 - 11/30/15				Accoun	t: 60314		
veral	<u> </u>									
ontributions							Con	tribution		

2/26/2016

Florida Department of State - Division of Elections

Compliance Report

Candidat	te: Dwight B	ullard					Office:	STS			
Report:	2015 M11	(29)	Covering Period:	11/1/15 - 11/30/15			Account:	60314			
106.07			upation/business not specifi	ic	1	11/26/201	RON BOOK PA OPERATING ACCT		CHE	\$1,000.00	
Expenditures							Ехре	nditure			
Statute	FAC	Des	cription		Seq	Date	Name	City	Туре	Amount	
106.07			ose not specific		6	11/10/201	BRANDSMART		MON	\$103.40	
106.011(4)		Expe	enditure not made to influen	ce result of candidate's election	12	11/25/201	ROSEN SHINGLE CREEK		MON	\$145.12	
und Transfe	r 8										
her Distrib	utions										
Report:	2015 M12	(31)	Covering Period:	12/1/15 - 12/31/15			Account:	60314			1
veral	, , ,									17	1
Contributions	8										2
Expenditures	;						Exne	nditure			
	EAC	 Dec			Seq	Date	Name	City	Туре	Amount	5
<u>Statute</u> 106.011(4)	FAC		cription	nce result of candidate's election	 9	12/21/201	AMERICAN COUNCIL OF YOUNG		MON	\$100.00	-
106.011(4)				nce result of candidate's election	16		POLITICAL LEADERS MIAMI CHILDREN S INITIATIVE		MON	\$250.00	
106.011(4)				nce result of candidate's election	17		PINE VILLA ELEMENTARY PTA		MON	\$150.00	
106.011(4)				nce result of candidate's election	18		SOUTH SPIRIT BOYS CLUB		MON	\$375.00	
		CAPE	shortere not made to imider		10	12/1/2015				407 J.00	
und Transfe	rs -										
Distantin	and a ma										

her Distributions





Contribution Limits First Primary: <= 8/30/-

60314 Duris Law	First Dring
Type Name	First Primary: <= 8/30/16
F-CHE 1199 SCH	
S SEIL FLODID	
	City 20161108
D AND AND AND	MIAMI Amount Date
B-CHE ADT LLC AND SPIRITS, INC.	Sticos Seg
B-CHE ADVANCE PUBLICATIONS INC	\$1,000 - 11
B-CHE AKERMAN LLP	Cross
ALICO	\$1.000 3 2 0
B-CHE ALICO LAND DEVELOPMENT, INC.	1010N \$1000
B-CHE AMERICAN TRACE	\$1.000 E 2013
ANDRE KAREN TO SOLUTIONS, INC	\$F00
ANFIELD OF	FT. MYERS \$500.00 1/4/2016 2 2015 SCOTTADALE \$500.00 1/4/2016 5 20161
F-CHE AT&T PAC	100 A 2010
F-CHE AT&T SOUTH	WASHINGTON \$200.00 12/12/2013 1 2013 1 2013
F-CHE AT&T SOUTH FLORIDA PAC I-CHE BAKER MARTHA B-CHE DECEMBER OF THE DECEMBER	TALLAHASSEE 7/24/2015 2013 M
	ALLAHASSEE 7/14/2015 M7
B-CHE BECKER & POLIAKOFF	ALLAHASSEE 300.00 2/25/2015 2015 M7
B-CHE BECKER & POLIAKOFF B-CHE BRIGHT IN POLIAKOFF	
HOLLOF IN THE	FT. LAUDERDALE \$100.00 1/15/2015 5 2015 M9
B-CHE BRIGHT HOUSE INFORMATION SERVICES FLORIDA	LLC FT. LAUDERDALE \$500.00 2/4/2015 7 2015 M1
I-CHE BRONER KRISTIN	CASI SYRACHIEF 1000 00 1/5/2016
BUIGAS & ASSOC	STRACUSE 3/2/2016
	DEERFIELD BEACH \$500.00 3/2/2015 17 2015 M3
CALDER CASING	ALLAHASSEE 000.00 9/22/2015 2013 M3
B-CHE CENTENE MANAGEMENT COMPANY LLC	MIAMI \$500.00 7/10/2015 15 2015 Mg
F-CHE COALITION COMMON SENSE IN COMPANY	MIAMI GARDENS \$1,000,00 1/31/2015 17 2015 M7
COALITION OF AN SENSE IN GOVERNME	ST. LOUIS \$1,000.00 2/25/2015 17 2015 M1
	\$CO2 14 2015
CURVA AND ACCOUNT OF THE PC	403EE 61 000
	100EE 10/2015 1 00/2015
B-CHE DAVE & BUSTERS	\$1 000 15 15 DO
DAVID R CLIETING	REAL REAL REAL
D - WARAARA	
DISNEY GIFT CARE	1 2014
USNEY VACATION	0.0014 2 0.0
CHE DIXON MARCUS	MIAMI 5500.00 8/24/2015 2 2014 M3 LAKE BUENA VISTA \$50.00 1/15/2015 2 2015 M8
EDUCATION MAN	1/15/2015 1015 W8
CHE EDUCATION MANAGEMENT II LLC CHE ELECTRICAL MASTERS GROUP LLC	CELEBRATION 3/3/2014 2015 M1
E ELLIS COREY	Dim- \$50.00
E FCCI SERVICES INC.	1/15/2015 10 2015 US
	1/4/2016 1/4/2016
FEA ADVOCACY FUND 213 5. Adams St.	6/21/2014 2010 MI
FEA ADVOCACY FUND -2/35. Advans St.	SARASOTA 5000 1/15/2015 2014 M6
	TALLAHASSEE 1000.00 10/9/2016
	ALLAHASSEE 300 00 9/1/2015 2015 M10
FERGUSON HOWELL	IALLAHASSEE 300.00 3/1/2012
1 ORIDA	TALLAHASSEE 300.00 1/30/2016 2013 Q1
ORIDA ACRE	TALLAHASSEE \$500.00 3/2/2015 M1
ORIDA AFL-CIO	TALLAHASSEE
RIDA AFL CIO COM	TALLAHASSEE 2015 Mg
RIDA CABLE TELECOMMUNICATIONS ASSOC, INC.	TALLAHASSEE 0000 10/9/2016 2013 M2
IDA COW PAC	ALLAHASSEE
DA CPA PAC, INC.	TALLAHASSEE 3300.00 7/21/2013 2013 Q3
	KISSIMMEE \$500 00 9/10/2015 4 2013 Q3
1. A Marca	TALLAHASSEE \$500.00 1/11/2016 7 2015 M9
	\$1.000.00 9/3/2015

EXHIBIT 4 (2307 33)





2/22/2016 3:04:48 PM

Contribution Limits

First Primary: <= 8/30/16

Page 2 of 3

Dwight Bullard 60314

60314	Dwight Bullard			2016	51108-0	GEN
Туре	Name	City	Amount	Date	Seq	Report
F-CHE	FLORIDA HEALTH CARE PAC	TALLAHASSEE	\$500.00	7/21/2013	3	2013 Q3
F-CHE	FLORIDA HEALTH CARE PAC	TALLAHASSEE	\$1,000.00	9/9/2015	2	2015 M9
F-CHE	FLORIDA HOSPITAL ASSOCIATION PC	TALLAHASSEE	\$500.00	3/2/2015	13	2015 M3
F-CHE	FLORIDA HOSPITAL ASSOCIATION PC FOR HEALTHY COMMUNITI	TALLAHASSEE	\$500.00	9/1/2015	6	2015 M9
F-CHE	FLORIDA HOSPITAL ASSOCIATION PC FOR HEALTHY COMMUNITI	TALLAHASSEE	\$500.00	3/2/2015	12	2015 M3
F-CHE	FLORIDA HOSPITAL ASSOCIATION PC FOR QUALITY HEALTH CA	TALLAHASSEE	\$500.00	9/1/2015	9	2015 M9
F-CHE	FLORIDA HOSPITAL ASSOCIATION PC FOR QUALITY HEALTH CA	TALLAHASSEE	\$500.00	3/2/2015	14	2015 M3
F-CHE	FLORIDA JUSTICE PAC	TALLAHASSEE	\$500.00	6/20/2013	1	2013 Q2
F-CHE	FLORIDA OUTDOOR ADVERTISING PAC	TALLAHASSEE	\$500.00	3/2/2015	9	2015 M3
B-CHE	FLORIDA PHYSICAL THERAPY ASSOCIATION	TALLAHASSEE	\$500.00	3/2/2015	20	2015 M3
F-CHE	FLORIDA PHYSICAL THERAPY ASSOCIATION PAC	TALLAHASSEE	\$500.00	10/9/2015	7	2015 M10
B-CHE	FLORIDA STATE BUILDING TRADES	TALLAHASSEE	\$500.00	7/21/2013	2	2013 Q3
F-CHE	FLORIDA'S PUBLIC RIGHT TO KNOW PC INC.	MIAMI	\$500.00	12/1/2015	- 5	2015 M12
F-CHE	FLORIDA'S PUBLIC RIGHT TO KNOW PC INC.	MIAMI	\$500.00	3/2/2015	19	2015 M3
F-CHE	FMA PAC	TALLAHASSEE	\$1,000.00	12/4/2015	2	2015 M12
B-CHE	FOREST PLACE APARTMENTS	HIALEAH	\$1,000.00	2/25/2015	17	2015 M12
I-CHE	FRAZIER TABITHA	TALLAHASSEE	\$200.00	2/2/2015	2	2015 M2
	FRONTON HOLDINGS LLC					
BICHE			\$1,000.00	1/4/2016	7	2016 M1
F-CHE		TALLAHASSEE	\$1,000.00	3/2/2015	8	2015 M3
B-CHE	GILEAD SCIENCES, INC	FOSTER CITY	\$500.00	10/9/2015	4	2015 M10
I-CHE		DENVER	\$1,000.00	3/2/2015	16	2015 M3
B-CHE	GOMEZ BARKER ASSOC. INC.	CORAL GABLES	\$500.00	2/4/2015	1_	2015 M2
I-CHE	GRAYS CHRISTIE	MIAMI	_ \$38.00	2/4/2015	19	2015 M2
B-CHE	GREENSPOON MARDER	FT. LAUDERDALE	\$250.00	7/14/2015	10	2015 M7
I-CHE	HALL DJAWA	ALEXANDRIA	\$25.00	9/8/2015	14	2015 M9
B-CHE	HARTMAN & TYNER INC.	HOLLYWOOD	\$1,000.00	2/25/2015	15	2015 M2
I-CHE	HAYES MONIQUE	MIAMI	\$150.00	1/15/2015	6	2015 M1
F-CHE	HCA WEST FLORIDA DIVISION AND GOOD GOVERNMENT PAC	TALLAHASSEE	\$1,000.00	3/2/2015	18	2015 M3
B-CHE	HEALTH OPTIONS INC.	JACKSONVILLE	\$500.00	2/23/2013	3	2013 Q1
I-CHE	HEDRICK JOHN	MONTICELLO	\$50.00	2/4/2015	3	2015 M2
I-CHE	HERNANDEZ ERIK	CORAL GABLES	\$250.00	1/15/2015	14	2015 M1
I-CHE	HILL STEPHEN	TALLAHASSEE	\$500.00	1/11/2016	12	2016 M1
B-CHE	HOPPING, GREEN AND SAMS, P. A.	TALLAHASSEE	\$500.00	1/4/2016	1	2016 M1
B-CHE	INFOTONIC LLC	NEW YORK	\$20.00	7/24/2015	6	2015 M7
B-CHE	ISLE OF CAPRI CASINOS, INC.	POMPANO BEACH	\$500.00	2/25/2015	16	2015 M2
I-CHE	JOHNSON BRIAN	WEST PARK	\$100.00	1/15/2015	11	2015 M1
B-CHE	JOHNSON STEPHEN	MIAMI	\$500.00	1/15/2015	2	2015 M1
I-CHE	JOHNSON STEPHEN	MIAMI	\$500.00	1/15/2015	4	2015 M1
I-CAS	JONES DONALD	CORAL GABLES	\$20.00	1/15/2015	15	2015 M1
I-CHE	KORGE ANDREW	MIAMI	\$100.00	2/4/2015		2015 M2
I-CHE	KREPS JOSEPH	PLANTATION	\$20.00	8/24/2015	1	2015 M8
I-CHE	LEVY ROBERT	MIAMI	\$1,000.00	9/10/2015	3	2015 M9
F-CHE	LOCAL 32BJ NY/NJ AMERICAN DREAM FUND	NEW YORK	\$500.00	2/28/2013	- 1	2013 Q1
I-CHE	MANZIE LEVON CHARLES	MOBILE	\$60.00	7/24/2015	3	2015 M7
I-CHE		WASHINGTON	\$100.00	7/24/2015	2	2015 M7
	MCCOY ANTWOINE		\$50.00	9/28/2014	2	2013 M7
I-CHE		WASHINGTON			-	
B-CHE		WASHINGTON	\$200.00	9/28/2014	5	2014 M9
B-CHE		FARGO	\$500.00	3/3/2014	- 2	2014 M3
B-CHE	MILLERCOORS, LLC	MILWAUKEE	\$500.00	8/31/2015		2015 M8
F-CHE	NEXT ERA ENERGY PAC	JUNO BEACH	\$1,000.00	7/21/2015	1	2015 M7
F-CHE	OD-EYEPAC	WINTER PARK	\$1,000.00	9/9/2015	1	2015 M9

EXHIBIT 4 (840733)



FLORIDA DEPARTMENT OF STATE

Ken Detzner Secretary of State

DIVISION OF ELECTIONS

FINAL NOTICE

Delivery Confirmation:

USP5 TRACKING # 9114 9014 9645 0382 4875 99 & CUSTOMER RECEIPT or Tracking or inquiries go to USPS.com or call 1-800-222-1811.

March 11, 2016

Dwight Bullard Post Office Box 160156 Miami, FL 33116

Re: CAN 60314

Dear Senator Bullard:

You have previously been advised that one or more campaign treasurer's reports are incomplete for the reasons noted in the attached error report.

Pursuant to Section 106.07(2), Florida Statutes, you have 7 days from receipt of this letter to correct errors or provide missing information. If the information has been reported accurately, you must provide a written explanation to the Division addressing the issue noted in the error report. Please be advised that if you fail to comply with this request, the Division will forward this matter to the Florida Elections Commission for further action. Section 106.265(1), Florida Statutes, authorizes the Florida Elections Commission to impose civil penalties of up to \$1,000 per violation.

If you need assistance in filing an amendment, please contact the Division's help line at (850) 245-6280.

Sincerely,

Kristi Reid Bronson Chief, Bureau of Election Records

Attachment

FXHIBIT

3/11/2016			of State - Division of Elections				
		Ca	mplianca Report	e -			
Candidate: Dwight E	Bullard			Office	e: STS		
Report: 2013 Q1	(1) Covering Period: 2	2/22/13 - 3/31/13		Account	t: 60314		
aral							
atributions				Con	tribution		
	Description		<u>Seq Date</u>	Name	City	Туре	Amount
Statute FAC 1S-2.017 F	Description Incorrect contributor type		2 3/1/2013	FEA ADVOCACY FUND		CHE	\$500.00
(penditures							
nd Transfers							
aner Distributions							/
Report: 2014 M2	(8) Covering Period: 2	2/1/14 - 2/28/14		Accoun	t: 60314		
veral							
ntributions							
기민 피나나에()							
					enditure		
penditures <u>Statute FAC</u>	 Description		<u>Seq</u> <u>Date</u>	Name	<u>City</u>	Type	Amount
kpenditures	Description Explanation of transaction require	xd	<u>Seq Date</u> 2 2/27/2014	Name	<u>City</u>		<u>Amount</u> \$150.00
(penditures <u>Statute</u> <u>FAC</u> 1S-2.017 F		xd		Name DELTA SIGMA THETA SORORI	<u>City</u>	Type	
<u>Statute</u> <u>FAC</u> 15-2.017 F Ind Transfers		xd		Name DELTA SIGMA THETA SORORI	<u>City</u>	Type	
Statute FAC 15-2.017 F Ind Transfers	Explanation of transaction require			Name DELTA SIGMA THETA SORORI INC	<u>City</u>	Type	
Statute FAC 1S-2.017 F and Transfers ther Distributions Report: 2014 M11	Explanation of transaction require			Name DELTA SIGMA THETA SORORI INC	<u>City</u>	Type	
Statute FAC 15-2.017 F and Transfers ther Distributions Report: 2014 M11 Yeral	Explanation of transaction require			Name DELTA SIGMA THETA SORORI INC	<u>City</u>	Type	
Statute FAC 1S-2.017 F and Transfors ther Distributions Report: 2014 M11 veral ontributions	Explanation of transaction require			Name DELTA SIGMA THETA SORORI INC	<u>City</u>	Type	
Xpenditures <u>Statute</u> <u>FAC</u> 1S-2.017 F und Transfers ther Distributions	Explanation of transaction require		2 2/27/2014	Name DELTA SIGMA THETA SORORI INC Accourt	<u>City</u> ny nt: 60314	<u>Type</u> MON	
Statute FAC 1S-2.017 F F and Transfers F ther Distributions F Report: 2014 M11 veral F ontributions F Kpenditures F	Explanation of transaction require (17) Covering Period: Description	11/1/14 - 11/30/14	2 2/27/2014 - - - - - - - - - - - - - - - - - - -	Name Delta sigma theta sorori INC Accourt Name	<u>City</u> nt: 60314 e n d i t u r e <u>City</u>	<u>Түре</u> MON	\$150.00
Statute FAC 1S-2.017 F FAC Ind Transfers FAC Ind Transfers FAC ther Distributions Report: 2014 M11 rerail FAC intributions FAC Statute FAC 1S-2.017 F FAC	Explanation of transaction require (17) Covering Period: <u>Description</u> Explanation of transaction require	11/1/14 - 11/30/14	2 2/27/2014 - 	Name DELTA SIGMA THETA SORORI INC ACCOURT ALPHA KAPPA ALPHA SORORI INC	<u>City</u> nt: 60314 e n d i t u r e <u>City</u>	<u>Түре</u> MON <u>Түре</u> MON	\$150.00 <u>Amount</u> \$214.00
Statute FAC 1S-2.017 F FAC Ind Transfers FAC ther Distributions FAC Report: 2014 M11 renal Multibutions upenditures FAC Statute FAC	Explanation of transaction require (17) Covering Period: Description	11/1/14 - 11/30/14	2 2/27/2014 - - - - - - - - - - - - - - - - - - -	Name DELTA SIGMA THETA SORORI INC ACCOURT ALPHA KAPPA ALPHA SORORI INC	<u>City</u> nt: 60314 e n d i t u r e <u>City</u>	<u>Түре</u> MON	\$150.00
Statute IS-2.017 F FAC and Transfers Image: Statute sta	Explanation of transaction require (17) Covering Period: <u>Description</u> Explanation of transaction require	11/1/14 - 11/30/14	2 2/27/2014 - 	Name DELTA SIGMA THETA SORORI INC ACCOURT ALPHA KAPPA ALPHA SORORI INC	<u>City</u> nt: 60314 e n d i t u r e <u>City</u>	<u>Түре</u> MON <u>Түре</u> MON	\$150.00 <u>Amount</u> \$214.00
Statute FAC 1S-2.017 F F and Transfers ther Distributions Report: 2014 M11 veral F ontributions FAC Statute FAC 1S-2.017 F F	Explanation of transaction require (17) Covering Period: <u>Description</u> Explanation of transaction require	11/1/14 - 11/30/14	2 2/27/2014 - 	Name DELTA SIGMA THETA SORORI INC ACCOURT ALPHA KAPPA ALPHA SORORI INC	<u>City</u> nt: 60314 e n d i t u r e <u>City</u>	<u>Түре</u> MON <u>Түре</u> MON	\$150.00 <u>Amount</u> \$214.00

Revide Department of State - Division of Elections

- ----

Compliance Report

Page 2

				Com	pliance Report					
Candidat	te: Dwight B	ullard			2540			Office: STS		
Report:	2015 M3	(21)	Covering Period:	3/1/15 - 3/31/15			Ac	count: 60314		
Contributions	l i									
xpenditures								Expenditure		
Statute	FAC	nes	cription		<u>Seq</u>	Date	Name	City	Туре	Amount
1S-2.017 F			anation of transaction requ	ired	6	3/19/2015	AMERICAN AIRLINES		MON	\$487.70
and Transfe	F8									
ther Distrib	utions									
Report:	2015 M4	(22)	Covering Period:	4/1/15 - 4/30/15			Ac	count: 60314		
Overall										
Contributions	8									
Expenditures	l							Expenditure		
Statute	FAC	Des	scription		Seq	Date	Name	<u>City</u>	Түре	Amount
106.07	<u></u>		ose not specific		3	4/9/2015	THE FRAME SHOPPE		MON	\$47.06
Fund Transfe	rs									
Other Olstrib	utions									
Report:	2015 M5	(23)	Covering Period:	5/1/15 - 5/31/15			Ac	count: 60314		
Overal										
-ontributions	5									
Expanditures										
					····	Data		Expenditure		
<u>Statute</u> 106.07	FAC		scription lose not specific		<u>Seq</u>	Date	Name FRAME ART	City	Түре	Amount
100.07		Fulp	USE HULSPECINC		9	5/20/2015	FRAME ARI		MON	\$ 64.20
Fund Transfe	rs									
Other Distrib	utions							· · · · · · · · · · · · · · · · · · ·		
Report:	2015 M6	(24)	Covering Period:	6/1/15 - 6/30/15			Ac	count: 60314		
8veral										
Providentilities										

Contributions

3/11	/201	6
------	------	---

Fiorida Department of State - Division of Elections

Compliance Report

Office: STS Candidate: Dwight Bullard Report: 2015 M6 (24)Covering Period: 6/1/15 - 6/30/15 Account: 60314 Expenditures Expenditure City Seq Date Name Type Amount Description Statute FAC 1S-2.017 F FLORIDA A&M UNIVERSITY MON \$75 00 Explanation of transaction required 5 6/5/2015 **Fund Transfers** Other Distributions Account: 60314 Report: 2015 M7 (25)Covering Period: 7/1/15 - 7/31/15 BT **Contributions** 9804 Expenditures Expenditure ----Date Name City Type Amount Seq FAC Description Statute 106.07 Purpose not specific 6 7/14/2015 MICHAELS MON \$175.25 O CINEMA WYNWOOD MON \$31.52 1S-2.017 F Explanation of transaction required 15 7/24/2015 1S-2.017 F Explanation of transaction required AMERICAN AIRLINES MON \$125.00 16 7/27/2015 1S-2.017 F Incorrect name/source 19 7/24/2015 STK MON \$2,181.15 Fund Transfers Other Distributions Report: 2015 M8 (26)Account: 60314 Covering Period: 8/1/15 - 8/31/15 Yeral contributions Expenditures Expenditure -----Amount Date Name City Type Seq Statute FAC Description 1S-2.017 F 4 8/1/2015 MIAMI PASSPORT OFFICE Explanation of transaction required MON \$170.00 MINUTE SUITES 1S-2.017 F Explanation of transaction required 5 8/9/2015 MON \$41.21 1S-2.017 F Explanation of transaction required 6 8/11/2015 FAMOUS FOOTWEAR MON \$69.99 Fund Transfers Other Distributions Report: 2015 M9 (27)Covering Period: 9/1/15 - 9/30/15 Account: 60314

Page 3

5

EXHIBIT

3/1	1/201	16

Florida Department of State - Division of Elections

- -

Statute FAC Description Contribution limits were exceeded - Written explanation required 100 08 Contribution limits were exceeded - Written explanation required 100 9/1/2015 FLA ADVOCACY FUND CHE 51/1 106.08 Contribution limits were exceeded - Written explanation required 10 9/1/2015 FLA ADVOCACY FUND CHE 51/2 106.08 Contribution limits were exceeded - Written explanation required 10 9/1/2015 FLA ADVOCACY FUND CHE 51/2 105.08 Contribution limits were exceeded - Written explanation required 10 9/1/2015 FLA ADVOCACY FUND CHE 51/2 105.08 Contribution limits were exceeded - Written explanation required 10 9/1/2015 FLA ADVOCACY FUND CHE 51/2 105.017 Explanation of transaction required 22 9/29/2015 MARENCALARUNES MON 5 Statute FAC Description Seg Date Name City Type A Norral Contribution limits were exceeded 10/1/15 - 10/31/15 Account: 60314 Contribution Contribution Contribution Seg Date Name City T			Compliance	Report									
Statute FAC Description Seg Date Name City Type And Statute EAC Description 2 9/9/2015 Name City Type And Statute EAC Description 2 9/9/2015 Name City Type And Statute EAC Description 10 9/1/2015 FEAADXOCACYTIND CHE Statute Statute EAC Description Seg Date Name City Type And Statute EAC Description Seg Date Name City Type And Statute EAC Description Seg Date Name City Type And Statute EAC Description Seg Date Name City Type And Statute FAC Description Seg Date Name City Type And Statute<	Candidat	e: Dwight B	ullard										
Statute 106.08 FAC Contribution limits were exceeded - Written explanation required Sog 2 99/2015 FLORDAHEAT HOAE PAG Contribution limits were exceeded - Written explanation required Sog 2 99/2015 FLORDAHEAT HOAE PAG Contribution limits were exceeded - Written explanation required Cher Statute 10 9/1/2015 FEA ADVOCACY FUND CHE Statute Statute 105.08 Contribution limits were exceeded - Written explanation required 10 9/1/2015 FEA ADVOCACY FUND CHE Statute Statute CHE Statute Statute Expenditure 105.08 Contribution limits were exceeded - Written explanation required 10 9/1/2015 FEA ADVOCACY FUND CHE Statute Statute 105.00 Expenditure Statute EAC Description Explanation of transaction required 22 9/29/2015 Marceut ARQUMES MON S 105.017 Covering Period: 10/1/15 - 10/31/15 Account: 60314 Versel 106.07 Cocupation/business not specific 5 109/2015 Statute Che S 106.07 Occupation/business not specific 9 10/9/2015 Statute Che S 106.07 Occupation/business not specific 9 10/9/2015 Marme City Type	Report: 2015 M9 (27) Covering Period: 9/1/15 - 9/30/15				Account: 60314								
Statute 106.08 FAC Contribution limits were exceeded - Written explanation required Seg Date 2 Name Cliv Type Automation 106.08 Contribution limits were exceeded - Written explanation required 10 91/2015 FLAADVCACYTUND CHE \$1/2015 105.08 Contribution limits were exceeded - Written explanation required 10 91/2015 FLAADVCACYTUND CHE \$2 105.08 Contribution limits were exceeded - Written explanation required 10 91/2015 FLAADVCACYTUND CHE \$2 Indurre Expenditure Expenditure Expenditure Che \$2 Indurres Expenditure Expenditure Expenditure CHE \$2 Statute 105:2017 Expenditure Seg Date Name City Iver A Statute 106:07 Cocupation/business not specific \$ 109/2015 FROUTCAL COMMITTER CHE \$1 I06:07 Occupation/business not specific \$ 109/2015 FROUTCAL COMMITTER CHE \$1 I06:07 Occupation/business not specif	Iveral												
Statute FAC Description 106.08 Contribution limits were exceeded - Written explanation required 2 99/2015 FRA.RUCRATH CAME PAC CHE 54 106.08 Contribution limits were exceeded - Written explanation required 10 91/2015 FRA.RUCCRAY FUND CHE 54 106.08 Contribution limits were exceeded - Written explanation required 10 91/2015 FRA.RUCCRAY FUND CHE 54 106.08 Contribution limits were exceeded - Written explanation required 10 91/2015 FRA.RUCCRAY FUND CHE 54 106.08 Contribution limits were exceeded - Written explanation required 10 91/2015 FRA.RUCCRAY FUND CHE 54 106.07 Description Seg Date Name City Type A 106.07 Covering Period: 10/1/15 - 10/31/15 Account: 60314 Vereit 106.07 Occupation/housiness not specific 9 10/9/2015 Centre wondowerst CHE 5 106.07 Occupation/housiness not specific 9 10/9/2015 Seg Date Non 5	Contributions					Cont	ribution						
105.08 Contribution limits were exceeded - Written explanation required 2 9/9/2015 FLORDALFLATH CARE PAC CHE \$1.1 105.2017 F Incorrect contributor type 10 9/1/2015 FEAA0VOCACY FUND CHE \$1.1 106.08 Contribution limits were exceeded - Written explanation required 10 9/1/2015 FEAA0VOCACY FUND CHE \$1.1 Informat Expenditure Expenditure Expenditure Expenditure Expenditure Informat Seg Date Name City Type A Statute FAC Description Seg Date Name City Type A Non S Report: 2015 MON Seg Date Name City Type A Non S Explanation of transaction required 20 9/29/2015 AMERICAN ARE WES MON S Report: 2015 M10 (28) Covering Period: 10/1/15 - 10/31/15 Account: 60314 Norral Expenditor/business not specific 5 10/9/2015 Contribution City Type A 106.07 Occupation/business not specific 9 10/9/2015 Seg Date Name City Type 105.07 Occupation	Statute	FAC	Description	Seq		A second s			Amount				
DB.08 Contribution limits were exceeded - Written explanation required 10 BV/2015 FEA ADVOCACY FUND CHE Statute Statute FAC Description Seg Date Name City Type Statute FAC Description Seg Date Name City Type Statute FAC Description Seg Date Name City Type Report: 2015 M10 (28) Covering Period: 10/1/15 - 10/31/15 Account: 60314 Normal Contributions Contribution Seg Date Name City Type Statute FAC Description Seg Date Name City Type 106.07 Occupation/business not specific 5 10/9/2015 Centration committee CHE Statute Statute FAC Description Seg Date Name City Type andtures Statute FAC Description Seg Date Name City Type andtures Statute FAC Description Seg Date Name City Type Statute FAC Description </td <td></td> <td></td> <td></td> <td>2</td> <td>9/9/2015</td> <td>FLORIDA HEALTH CARE PAC</td> <td></td> <td>CHE</td> <td>\$1,000.00</td>				2	9/9/2015	FLORIDA HEALTH CARE PAC		CHE	\$1,000.00				
Institute FAC Description Sea Date Name City Type A Statute FAC Description 22 9/29/2015 AMERICAN ARLINES MON S statute FAC Description 22 9/29/2015 AMERICAN ARLINES MON S statute Report: 2015 M10 (28) Covering Period: 10/1/15 - 10/31/15 Account: 60314 Normal Statute FAC Description Seq Date Name City Type A 106.07 Occupation/business not specific 5 10/9/2015 Centrate MARADEENT CHE S1 106.07 Occupation/business not specific 9 10/9/2015 Centrate MARADEENT CHE S1 106.07 Occupation/business not specific 9 10/9/2015 Centrate MARADEENT CHE S1 106.07 Occupation/business not specific 9 10/9/2015 Mame City Type A 105.2017 F Explanation of transaction required 3 10/9/2015 Mame City Type A 106.07 Occupation/business not specific 9 10/9/2015 Mame City <	1S-2.017 F		Incorrect contributor type	10	9/1/2015	FEA ADVOCACY FUND		CHE	\$500.00				
Statute FAC Description Seq Date Name City Type A S2.017 F Explanation of transaction required 22 9/29/2015 AMERICAN ARLINES MON S ind Transfers Ither Distributions Report: 2015 M10 (28) Covering Period: 10/1/15 - 10/31/15 Account: 60314 MON S Nerricla Statute FAC Description Contribution Contribution Statute FAC Description Seq Date Name City Type A Statute FAC Description Seq Date Name City Type A Statute FAC Description Seq Date Name City Type A 106.07 Occupation/business not specific 9 10/9/2015 78 PountcAL COMMITTEE CHE Statute Expenditure Expenditure statute FAC Description Seq Date Name City Type A 132.017 F Explanation of transaction required 3 10/5/2015 <td>106.08</td> <td></td> <td>Contribution limits were exceeded - Written explanation required</td> <td>10</td> <td>9/1/2015</td> <td>FEA ADVOCACY FUND</td> <td></td> <td>CHE</td> <td>\$500.00</td>	106.08		Contribution limits were exceeded - Written explanation required	10	9/1/2015	FEA ADVOCACY FUND		CHE	\$500.00				
Statute EAC Description Seq Date Name City Type A 1S-2017 F Explanation of transaction required 22 9/29/2015 AMERICAN ARLINES MON S ind Transfers Ither Distributions	andures						enditure						
13-2017 F Explanation of transaction required 22 9/29/2015 AMERICAN ARLINES MON \$ tind Transfers titler flistributions Contributions Contribution Contribution Statute FAC Description Occupation/business not specific 106.07 Occupation/business not specific 9 10/9/2015 Centrate MANAGEMENT 106.07 Occupation/business not specific 9 10/9/2015 Centrate MANAGEMENT CHE 106.07 Occupation/business not specific 9 10/9/2015 Centrate MANAGEMENT CHE Statute FAC Description Expenditure Statute FAC Description Seg Date Name City IVPE A Antimized colspan="2">MON \$ Statute FAC Description Seg Date Name City IVPE Statute FAC Description Seg Date Name City IVPE Statute FAC Description Seg Date Name Contributions Report: 2015 M11 (29) Covering Period: 11/1/15-11/30/15 Account: 60314 Nordal Statute FAC Description S	Statute	FAC		Seg	Date				Amount				
Ither Distributions Account: 60314 Report: 2015 M10 (28) Covering Period: 10/1/15 - 10/31/15 Account: 60314 Versal Contributions Contribution Contribution Contribution Statute FAC Description Seq Date Name City Type Account: 106.07 Occupation/business not specific 5 10/9/2015 CENTENE MANAGEMENT CHE S 106.07 Occupation/business not specific 9 10/9/2015 CENTENE MANAGEMENT CHE S Indutures Expenditure Statute FAC Description Seq Date Name City Type A 195-2017 F Explanation of transaction required 3 10/9/2015 AMERICAN AIRLINES MON S Statute FAC Description Seq Date Name City Type A Statute FAC Description Seq Date Name City Type A Statute Explanation of transaction required	and the state of a state of the			22	9/29/2015	AMERICAN AIRLINES		MON	\$317.11				
Report: 2015 M10 (28) Covering Period: 10/1/15 - 10/31/15 Account: 60314 Versil Contributions Contribution Contribution Statute FAC Description Seq Date Name City Type Account: 60314 Statute FAC Description Seq Date Name City Type Account: Contribution 106.07 Occupation/business not specific 5 10/9/2015 Centere MMAGEVENT COMMITTEE CHE Statute Indutres Expenditures Expenditure CHE Statute FAC Description City Seq Date Name City Type Account: MON Statute Statute FAC Description Seq Date Name City Type Account: 60314 Its-2.017 F Explanation of transaction required 3 10/5/2015 American APRUNES MON Statute Seq Date Name City Type Account: 60314 Noral Statute	und Transfer	-8											
Statute FAC Description Seq Date Name City Type A 106.07 Occupation/business not specific 5 10/9/2015 CENTERE MANAGEMENT CHE CHE Statute 106.07 Occupation/business not specific 5 10/9/2015 CENTERE MANAGEMENT CHE CHE Statute 106.07 Occupation/business not specific 9 10/9/2015 CENTERE MANAGEMENT CHE CHE Statute 106.07 Occupation/business not specific 9 10/9/2015 CENTERE MANAGEMENT COMMATTEE CHE Statute 106.07 Occupation/business not specific 9 10/9/2015 Report: COMMITTEE CHE Statute 105.2017 F Expenditure Explanation of transaction required 3 10/5/2015 AMERICAN AIRUNES MON Statute FAC Description Seq Date Name City Type A 10/9/2015 MERICAN AIRUNES MON S Statute FAC Description Contributions Report: 2015 M11 (29) Covering Period:<) ther Distrib	itiens											
Statute FAC Description Seq Date Name City Type A 106.07 Occupation/business not specific 5 10/9/2015 CENTENE MANAGEMENT CHE S 106.07 Occupation/business not specific 9 10/9/2015 CENTENE MANAGEMENT CHE S 106.07 Occupation/business not specific 9 10/9/2015 78 Political COMMITTEE CHE S andtures Expenditure Seq Date Name City Type A Statute FAC Description Seq Date Name City Type A Statute FAC Description Seq Date Name City Type A 15-2.017 F Explanation of transaction required 3 10/5/2015 AMERICAN ARUNES MON S Ither Obstributions Report: 2015 M11 (29) Covering Period: 11/1/15 - 11/30/15 Account: 60314 Norral Statute EAC Description Seq Date Name City Type <t< td=""><td>Report:</td><td>2015 M10</td><td>(28) Covering Period: 10/1/15 - 10/31/15</td><td></td><td></td><td>Account</td><td>: 60314</td><td></td><td></td></t<>	Report:	2015 M10	(28) Covering Period: 10/1/15 - 10/31/15			Account	: 60314						
Statute FAC Description Seg Date Name City Type A 106.07 Occupation/business not specific 5 10/9/2015 CENTERE MANAGEMENT COMPANY ITC CHE S 106.07 Occupation/business not specific 9 10/9/2015 CENTERE MANAGEMENT COMPANY ITC CHE S 106.07 Occupation/business not specific 9 10/9/2015 78 POLITICAL COMMITTEE CHE S1 Initiures Expenditure CHE S3 Seg Date Name City Type A Statute FAC Description Seg Date Name City Type A Statute FAC Description Sa 10/5/2015 AMERICAN ARCINES MON S Butter Oldstributions Report: 2015 M11 (29) Covering Period: 11/1/15 - 11/30/15 Account: 60314 Statute FAC Description Seg Date Name City Type A	lveral												
Statute FAC Description Seg Date Name City Type A 106.07 Occupation/business not specific 5 10/9/2015 CENTERE MANAGEMENT COMPANY ITC CHE S 106.07 Occupation/business not specific 9 10/9/2015 CENTERE MANAGEMENT COMPANY ITC CHE S 106.07 Occupation/business not specific 9 10/9/2015 78 POLITICAL COMMITTEE CHE S1 Initiures Expenditure CHE S3 Seg Date Name City Type A Statute FAC Description Seg Date Name City Type A Statute FAC Description Sa 10/5/2015 AMERICAN ARCINES MON S Butter Oldstributions Report: 2015 M11 (29) Covering Period: 11/1/15 - 11/30/15 Account: 60314 Statute FAC Description Seg Date Name City Type A	Contributions					Cont	ribution						
Statute FAC Description Occupation/business not specific 5 10/9/2015 CENTENE MANAGEMENT COMMANY LLC CHE S 106.07 Occupation/business not specific 9 10/9/2015 78 POLITICAL COMMITTEE CHE S1 106.07 Occupation/business not specific 9 10/9/2015 78 POLITICAL COMMITTEE CHE S1 Inditures Expenditure Mon Seq Date Name City Type A Statute FAC Description Seq Date Name City Type A 15-2.017 F Explanation of transaction required 3 10/5/2015 AMERICAN AIRUNES MON S Report: 2015 M11 (29) Covering Period: 11/1/15 - 11/30/15 Account: 60314 Warrall Contributions Contribution Contribution Contribution Seq Date Name City Type A			Description	Seq	Date				Amount				
106.07 Occupation/business not specific 9 10/9/2015 78 POLITICAL COMMITTEE CHE \$1 Institutes Expenditure Expenditure CHE \$1 Statute FAC Description Seq Date Name City Type A 15-2.017 F Explanation of transaction required 3 10/5/2015 AMERICAN AIRLINES MON S fund Transfers Ither Olstributions Report: 2015 M11 (29) Covering Period: 11/1/15 - 11/30/15 Account: 60314 Norral Statute FAC Description Seq Date Name City Type A Statute FAC Description Seq Date Name City Type A	and the second se	FAC			10/9/2015			CHE	\$500.00				
Statute FAC TS-2.017 F Description Explanation of transaction required Seg Date Name City Type A 1S-2.017 F Explanation of transaction required 3 10/5/2015 AMERICAN AIRLINES MON S Fund Transfers Ither Olstributions Report: 2015 M11 (29) Covering Period: 11/1/15 - 11/30/15 Account: 60314 Vorall Statute FAC Description Seg Date Name City Type A	106.07			9	10/9/2015			CHE	\$1,000.00				
Statute FAC TS-2.017 F Description Explanation of transaction required Seg Date Name City Type A 1S-2.017 F Explanation of transaction required 3 10/5/2015 AMERICAN AIRLINES MON S Fund Transfers Ither Olstributions Report: 2015 M11 (29) Covering Period: 11/1/15 - 11/30/15 Account: 60314 Vorall Statute FAC Description Seg Date Name City Type A													
Statute FAC Description 1S-2.017 F Explanation of transaction required 3 10/5/2015 AMERICAN AIRLINES MON Statute Fund Transfers Ither Olstributions Report: 2015 M11 (29) Covering Period: 11/1/15 - 11/30/15 Account: 60314 Norral Statute FAC Description Seq Date Name City Type Itype	anditures					Ехр	enditure						
Aund Transfers Ither Olstributions Report: 2015 M11 (29) Covering Period: 11/1/15 - 11/30/15 Account: 60314 Iverall Contributions Statute FAC Description Contribution Type A	Statute	FAC	Description	Seq	Date	Name	City	Type	Amount				
Dither Olstributions Account: 60314 Report: 2015 M11 (29) Covering Period: 11/1/15 - 11/30/15 Account: 60314 Iverall Contributions Contribution Contribution Contribution Statute FAC Description Seq Date Name City Type	1S-2.017 F			3	10/5/2015	AMERICAN AIRLINES		MON	\$456.20				
Report: 2015 M11 (29) Covering Period: 11/1/15 - 11/30/15 Account: 60314 Worall Contributions Contributions Contribution Contribution Statute FAC Description Seq Date Name City Type Account:	und Transfe	75											
Statute FAC Description Type	Other Olstrib	rtions				<u> </u>							
Statute FAC Description Seg Date Name City Type	Report:	2015 M11	(29) Covering Period: 11/1/15 - 11/30/15			Account	t: 60314						
Statute FAC Description Seg Date Name City Type	veral												
Statute FAC Description Seg Date Name City Type	Contributions					Con	tribution						
	Statute	FAC	Description	Seq	Date				Amount				
				1	11/26/201	RON BOOK PA OPERATING AC	ст	CHE	\$1,000.00				

3/11/2016				Florida Department of State	- Division	of Elections					Page 5	
				Compliance	e Report							
Candida	te: Dwight Bu	ullard						Office: S	TS			
Report:	2015 M11	(29)	Covering Period:	11/1/15 - 11/30/15			A	Account: 60)314			
Expenditures	3							Expen	difure			
Statute	FAC	Desc	cription		Seq	Date	Name		<u>City</u>	Түре	Amount	
106.07		Purpo	ose not specific		6	11/10/201	BRANDSMART			MON	\$103.40	
Fund Transfe	178											
Ather Distrib	utions											
Report:	2015 M12	(31)	Covering Period:	12/1/15 - 12/31/15				Account: 60	0314			
Iral												
Contribution	8											33
Expenditures	8							Even				to
Statute	FAC	Dos	cription		Seq	Date	Name	Expen	<u>City</u>	<u>Түре</u>	Amount	R
1S-2.017 F			nation of transaction requ	ired	17	12/1/2015	PINE VILLA ELEMEN	NTARY PTA		MON	\$150.00	9
Fund Transfe	r s											7
Other Distric												F
WLINK DIGU IL												2
												EXHIBIT
												Ш

USPS.com[®] - USPS Tracking[®]



English

Customer Service USPS Mobile

Register / Sign In

USPS.COM[®]

USPS Tracking®



Customer Service > Have questions? We're here to help.



Get Easy Tracking Updates > Sign up for My USPS.

Tracking Number: 9114901496450382487599

Updated Delivery Day: Monday, March 14, 2016

Product & Tracking Information

Features: USPS Tracking[®]

STATUS OF ITEM

DATE & TIME March 14, 2016 , 1:50 pm

Postal Product:

0 pm Delivered, PO Box

Your item has been delivered and is available at a PO Box at 1:50 pm on March 14, 2016 in MIAMI FL 33116

March 13, 2016 , 3:10 pm	Arrived at Hub	MIAMI, FL 33116
March 12, 2016 , 8:12 pm	Arrived at USPS Facility	OPA LOCKA, FL 33054
March 11, 2016 , 10:57 pm	Arrived at USPS Facility	TALLAHASSEE, FL 32301

Track Another Package

Tracking (or receipt) number

Track It

LOCATION

MIAMI, FL 33116

Available Actions

Text Updates

Email Updates

Manage Incoming Packages

Track all your packages from a dashboard. No tracking numbers necessary



Sign up for My USPS >

HELPFUL LINKS Contact Us Site Index FAQs ON ABOUT.USPS.COM About USPS Home Newsroom USPS Service Updates Forms & Publications Government Services Caredrs

OTHER USPS SITES Business Customer Gateway Postal Inspectors Inspector General Postal Explorer National Postal Museum Resources for Developers LEGAL INFORMATION Privacy Policy Terms of Use FOIA No FEAR Act EEO Data

Copyright © 2016 USPS. All Rights Reserved.

EXHIBIT___





Contribution Limits

First Primary: <= 8/30/16

Page 1 of 3

60314 **Dwight Bullard**

60314	Dwight Bullard			2016	61108	-GEN
Туре	Name	City	Amount	Date	Seq	Report
F-CHE	1199 SEIU FLORIDA PC	MIAMI	\$1,000.00	1/11/2016	1.	2016 M1
F-CHE	78 POLITICAL COMMITTEE	ORLANDO	\$1,000.00	10/9/2015	5	2015 M1
B-CHE	ABC FINE WINE AND SPIRITS, INC.	ORLANDO	\$1,000.00	9/9/2015	5	2015 M9
B-CHE	ADT LLC	BOCA RATON	\$500.00	6/17/2013	3	2013 Q2
B-CHE	ADVANCE PUBLICATIONS INC	NEW YORK	\$1,000.00	12/4/2015	4	2015 M1
F-CHE	AFSCME	WASHINGTON	\$1,000.00	3/2/2015	6	2015 M3
B-CHE	AKERMAN LLP	MAITLAND	\$1,000.00	10/9/2015	2	2015 M1
B-CHE	ALICO	FT. MYERS	\$500.00	1/4/2016	5	2016 M1
B-CHE	ALICO LAND DEVELOPMENT, INC.	FT. MYERS	\$500.00	1/4/2016	4	2016 M1
B-CHE	AMERICAN TRAFFIC SOLUTIONS, INC.	SCOTTADALE	\$500.00	12/12/2013	1	2013 M1
I-CHE	ANDRE KAREN	WASHINGTON	\$200.00	7/24/2015	11	2015 M7
B-CHE	ANFIELD CONSULTING GROUP INC.	TALLAHASSEE	\$500.00	7/14/2015	9	
F-CHE	AT&T PAC	TALLAHASSEE	\$500.00	2/25/2015	13	000000000
F-CHE	AT&T SOUTH FLORIDA PAC	TALLAHASSEE	\$500.00	9/1/2015	8	
I-CHE	BAKER MARTHA	MIAMI BEACH	\$100.00	1/15/2015	5	
B-CHE	BECKER & POLIAKOFF			2/4/2015	7	2015 M1
		FT. LAUDERDALE	\$500.00			2015 M2 2016 M1
B-CHE		FT. LAUDERDALE	\$500.00	1/5/2016	6	
B-CHE	BRIGHT HOUSE INFORMATION SERVICES FLORIDA, LLC	EAST SYRACUSE	\$500.00	3/2/2015	1	2015 M3
B-CHE	BRIGHT HOUSE NETWORKS LLC	SYRACUSE	\$500.00	3/2/2015	17	2015 M3
I-CHE	BRONER KRISTIN	DEERFIELD BEACH	\$50.00	9/22/2015	15	2015 M9
B-CHE	BUIGAS & ASSOC., INC.	TALLAHASSEE	\$500.00	7/10/2015	7	2015 M7
I-LOA	BULLARD DWIGHT	MIAMI	\$250.00	1/31/2015	17	2015 M1
B-CHE	CALDER CASINO & RACE COURSE	MIAMI GARDENS	\$1,000.00	2/25/2015	14	2015 M2
B-CHE	CENTENE MANAGEMENT COMPANY LLC	ST. LOUIS	\$500.00	10/9/2015	5	2015 M10
F-CHE	CITIZENS FOR COMMON SENSE IN GOVERNMENT	TALLAHASSEE	\$1,000.00	9/15/2015	4	2015 M9
F-CHE	COALITION OF AFFORDABLE HOUSING PC	TALLAHASSEE	\$500.00	3/2/2015	15	2015 M3
F-CHE	COMMUNITY HEALTH CARE PC	MIAMI	\$1,000.00	1/4/2016	8	2016 M1
B-CHE	CURVA AND ASSOC. LLC	TALLAHASSEE	\$500.00	2/4/2015	9	2015 M2
F-CHE	DADE COUNTY FIREFIGHTERS	MIAMI	\$500.00	2/27/2014	1	2014 M2
B-CHE	DAVE & BUSTERS	DALLAS	\$500.00	3/3/2014	3	2014 M3
B-CHE	DAVID R. CUSTIN & ASSOC.	MIAMI	\$500.00	8/24/2015	2	2015 M8
I-CHE	DENT BARBARA	MIAMI	\$50.00	1/15/2015	3	2015 M1
B-CHE	DISNEY GIFT CARD	LAKE BUENA VISTA	\$500.00	3/3/2014	1	2014 M3
B-CHE	DISNEY VACATION DEVELOPMENT, INC.	CELEBRATION	\$500.00	8/16/2013	5	2013 Q3
I-CHE	DIXON MARCUS	MIAMI	\$50.00	1/15/2015	10	2015 M1
B-CHE	EDUCATION MANAGEMENT II LLC	PITTSBURGH	\$1,000.00	1/4/2016	3	2016 M1
B-CHE	ELECTRICAL MASTERS GROUP LLC	HOMESTEAD	\$250.00	6/21/2014	1	2014 M6
I-CHE	ELLIS COREY	MIRAMAR	\$50.00	1/15/2015	9	2015 M1
B-CHE	FCCI SERVICES INC.	SARASOTA	\$1,000.00	10/9/2015	1	2015 M10
F-CHE	FEA ADVOCACY FUND 213 S. Achims St.	TALLAHASSEE Ed.		9/1/2015	10	2015 M9
F-CHE	FEA ADVOCACY FUND -2/3 S. Adams St.		C. \$500.00	3/1/2013	2	2013 Q1
B-CHE	FEA ADVOCACY FUND 2/3 S. Adams St.	TALLAHASSEE /	or\$500.00	1/30/2015	16	2015 M1
I-CHE	FERGUSON HOWELL	TALLAHASSEE	\$500.00	3/2/2015	2	2015 M3
I-CHE	FERGUSON HOWELL	TALLAHASSEE	\$500.00	9/1/2015	11	2015 M9
F-CHE	FLADPAC	TALLAHASSEE	\$500.00	2/3/2015	- 4	2015 M2
B-CHE	FLORIDA ACRE	TALLAHASSEE	\$500.00	10/9/2015	3	2015 M10
B-CHE	FLORIDA AFL-CIO	TALLAHASSEE	\$500.00	7/21/2013		2013 Q3
B-CHE	FLORIDA AFL-CIO COPE	TALLAHASSEE	\$500.00	7/21/2013		2013 Q3
B-CHE	FLORIDA CABLE TELECOMMUNICATIONS ASSOC., INC.	TALLAHASSEE	\$500.00	9/10/2015	10 - Co	2015 M9
F-CHE				1/11/2016		2015 MIS
	FLORIDA COW PAC	KISSIMMEE	\$500.00	1/11/2010	10	CUID MII

EXHIBIT 4(320f 33)





2/22/2016 3:04:48 PM

Contribution Limits

Page 2 of 3

First Primary: <= 8/30/16

60314	Dwight Bullard			2016	51108-	GEN
<u>Type</u>	Name	City	Amount	Date	Seq	Report
F-CHE	FLORIDA HEALTH CARE PAC	TALLAHASSEE	\$500.00	7/21/2013	3	2013 Q3
F-CHE	FLORIDA HEALTH CARE PAC	TALLAHASSEE	\$1,000.00	9/9/2015	2	2015 M9
F-CHE	FLORIDA HOSPITAL ASSOCIATION PC	TALLAHASSEE	\$500.00	3/2/2015	13	2015 M3
F-CHE	FLORIDA HOSPITAL ASSOCIATION PC FOR HEALTHY COMMUNITI	TALLAHASSEE	\$500.00	9/1/2015	6	2015 M9
F-CHE	FLORIDA HOSPITAL ASSOCIATION PC FOR HEALTHY COMMUNITI	TALLAHASSEE	\$500.00	3/2/2015	12	2015 M3
F-CHE	FLORIDA HOSPITAL ASSOCIATION PC FOR QUALITY HEALTH CA	TALLAHASSEE	\$500.00	9/1/2015	9	2015 M9
F-CHE	FLORIDA HOSPITAL ASSOCIATION PC FOR QUALITY HEALTH CA	TALLAHASSEE	\$500.00	3/2/2015	14	2015 M3
F-CHE	FLORIDA JUSTICE PAC	TALLAHASSEE	\$500.00	6/20/2013	1	2013 Q2
F-CHE	FLORIDA OUTDOOR ADVERTISING PAC	TALLAHASSEE	\$500.00	3/2/2015	9	2015 M3
B-CHE	FLORIDA PHYSICAL THERAPY ASSOCIATION	TALLAHASSEE	\$500.00	3/2/2015	20	2015 M3
F-CHE	FLORIDA PHYSICAL THERAPY ASSOCIATION PAC	TALLAHASSEE	\$500.00	10/9/2015	7	2015 M10
8-CHE	FLORIDA STATE BUILDING TRADES	TALLAHASSEE	\$500.00	7/21/2013	2	2013 Q3
F-CHE	FLORIDA'S PUBLIC RIGHT TO KNOW PC INC.	MIAMI	\$500.00	12/1/2015	5	2015 M12
F-CHE	FLORIDA'S PUBLIC RIGHT TO KNOW PC INC.	MIAMI	\$500.00	3/2/2015	19	2015 M3
F-CHE	FMA PAC	TALLAHASSEE	\$1,000.00	12/4/2015	2	2015 M12
B-CHE	FOREST PLACE APARTMENTS	HIALEAH	\$1,000.00	2/25/2015	17	2015 M2
I-CHE	FRAZIER TABITHA	TALLAHASSEE	\$200.00	2/2/2015	2	2015 M2
B-CHE	FRONTON HOLDINGS, LLC	MIAMI	\$1,000.00	1/4/2016	7	2016 M1
F-CHE	FSLFOP GOVERNMENTAL AWARENESS	TALLAHASSEE	\$1,000.00	3/2/2015	8	2015 M3
B-CHE	GILEAD SCIENCES, INC.	FOSTER CITY	\$500.00	10/9/2015	4	2015 M10
I-CHE	GILL TIM	DENVER	\$1,000.00	3/2/2015	16	2015 M3
B-CHE	GOMEZ BARKER ASSOC. INC.	CORAL GABLES	\$500.00	2/4/2015	1	2015 M2
I-CHE	GRAYS CHRISTIE	MIAMI	\$38.00	2/4/2015	19	2015 M2
B-CHE	GREENSPOON MARDER	FT. LAUDERDALE	\$250.00	7/14/2015	10	2015 M7
I-CHE	HALL DJAWA	ALEXANDRIA	\$25.00	9/8/2015	14	2015 M9
B-CHE	HARTMAN & TYNER INC.	HOLLYWOOD	\$1,000.00	2/25/2015	15	2015 M2
I-CHE	HAYES MONIQUE	MAM	\$150.00	1/15/2015	6	2015 M1
F-CHE	HCA WEST FLORIDA DIVISION AND GOOD GOVERNMENT PAC	TALLAHASSEE	\$1,000.00	3/2/2015	18	2015 M3
B-CHE	HEALTH OPTIONS INC.	JACKSONVILLE	\$500.00	2/23/2013	3	2013 Q1
I-CHE	HEDRICK JOHN	MONTICELLO	\$50.00	2/4/2015	3	2015 M2
I-CHE	HERNANDEZ ERIK	CORAL GABLES	\$250.00	1/15/2015	14	2015 M1
I-CHE	HILL STEPHEN	TALLAHASSEE	\$500.00	1/11/2016	12	2016 M1
B-CHE	HOPPING, GREEN AND SAMS, P. A.	TALLAHASSEE	\$500.00	1/4/2016	1	2016 M1
B-CHE	INFOTONIC LLC	NEW YORK	\$20.00	7/24/2015	6	2015 M7
B-CHE	ISLE OF CAPRI CASINOS, INC.	POMPANO BEACH	\$500.00	2/25/2015	16	2015 M2
I-CHE	JOHNSON BRIAN	WEST PARK	\$100.00	1/15/2015		2015 M1
B-CHE	JOHNSON STEPHEN	MIAMI	\$500.00	1/15/2015		2015 M1
	JOHNSON STEPHEN	MIAMI	\$500.00	1/15/2015		2015 M1
	JONES DONALD	CORAL GABLES	\$20.00	1/15/2015	15	2015 M1
	KORGE ANDREW	MIAMI	\$100.00	2/4/2015		2015 M2
	KREPS JOSEPH	PLANTATION	\$20.00	8/24/2015	-	2015 M8
	LEVY ROBERT	MIAMI	\$1,000.00	9/10/2015		2015 M9
	LOCAL 32BJ NY/NJ AMERICAN DREAM FUND	NEW YORK	\$500.00	2/28/2013		2013 Q1
	MANZIE LEVON CHARLES	MOBILE	\$60.00	7/24/2015		2015 M7
	MCCOY ANTWOINE	WASHINGTON	\$100.00	7/24/2015		2015 M7
		WASHINGTON	\$50.00	9/28/2014	_	2014 M9
		WASHINGTON	\$200.00	9/28/2014		2014 M9
	MICROSOFT	FARGO	\$500.00	3/3/2014		2014 M3
	MILLERCOORS, LLC	MILWAUKEE	\$500.00	8/31/2015		2015 M8
		JUNO BEACH	\$1,000.00	7/21/2015		2015 M7
F-CHE	OD-EYEPAC	WINTER PARK	\$1,000.00	9/9/2015	1 2	2015 M9

33 EXHIBIT 4 233 7

FEC - Candidate/Committee Filing History Report

My Floride.com

search | directory | contact us | 411 | subscribe | tour | help

Florida Department of State - Division of Elections

Florida Election System Reports

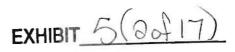
Candidate/Committee Lookup Name:			me: Dwight unt: <u>60314</u>	M. Bull	ard				
Election:			Date Filed	Status	Days	Fine	Appealed	Amount	Amount
~				Jialus	Late	Assessed	Abbealed	Fined	Paid
Acct: 60314	11/4/2016		11/4/2016						
			10/28/2016						
Type: Candidate 🗸			10/21/2016						
Court Doort			10/14/2016						
Search Reset	10/7/2016		10/7/2016						
	9/23/2016 9/9/2016		9/23/2016 9/7/2016						
	8/26/2016		8/26/2016						
	8/19/2016		8/19/2016						
	8/12/2016		8/12/2016						
	8/5/2016		8/5/2016						
	7/29/2016		7/29/2016						
	7/15/2016	P2	7/15/2016						
	7/1/2016	P1	6/30/2016						
	6/10/2016	M5	6/13/2016	CLO	3	\$150.00		\$150.00	\$150.00
	5/10/2016	M4	5/9/2016						
	4/11/2016	М3	4/11/2016						
	3/10/2016	M2	3/8/2016						
	2/10/2016		2/11/2016	DFS	1	\$50.00		\$50.00	\$0.00
			1/11/2016						
			12/11/2015	DFS	1	\$50.00		\$50.00	\$0.00
			11/10/2015						
			10/12/2015						
	9/10/2015 8/10/2015		9/10/2015 8/10/2015						
	7/10/2015		7/10/2015						
	6/10/2015		6/8/2015						
	5/11/2015		5/11/2015						
	4/10/2015		4/6/2015						
	3/10/2015		3/10/2015						
	2/10/2015		2/10/2015						
	1/12/2015	M12	1/10/2015						
	12/10/2014	M 11	12/9/2014						
	11/10/2014	M 10	11/10/2014						
		M9	10/10/2014						
	9/10/2014		9/11/2014	DFS	1	\$50.00		\$50.00	\$0.00
	8/11/2014		8/10/2014						
	7/10/2014		7/10/2014						
	6/10/2014		6/10/2014						
	5/12/2014		5/11/2014						
	4/10/2014 3/10/2014		4/10/2014 3/9/2014						
	2/10/2014		2/7/2014						
			1/9/2014						
	12/10/2013				1				
	EXH	IBIT	_5(1	071	7)	_			

FEC - Candidate/Committee Filing History Report



D	0	C	0
Page	1	ot.	1
1 age	4	U1	4
0			

11/12/2013	M10	11/19/2013	CLO	7	\$0.00	\$0.00	\$0.00
10/10/2013	Q3	10/16/2013	DFS	6	\$750.00	\$750.00	\$0.00
7/10/2013	Q2	7/17/2013	DFS	7	\$375.00	\$375.00	\$0.00
4/10/2013	Q1	7/17/2013	DFS	98	\$375.00	\$375.00	\$0.00







Queued Items for 2013-Q1

Account:	60314	STS 040 Dwight M. Bullard
Rpt Seq:	ł	

ProcessDescription	Status	Submitter	Created	LastUpdate
Create Pending Report	Processing Complete	60314	7/17/2013 6:11:12 PM	7/17/2013 6:11:12 PM
Recalc Pending Report Total	Processing Complete	60314	7/17/2013 6:19:27 PM	7/17/2013 6:19:27 PM
File Pending Report	Processing Complete	60314	7/17/2013 6:20:23 PM	7/17/2013 6:20:24 PM
Review Filed Report	Processing Complete	krbronson	7/18/2013 2:33:25 PM	7/18/2013 2:33:25 PM

EXHIBIT 5 (30 + 17)





Queued Items for 2014-M2

Account:60314STS 040 Dwight M. BullardRpt Seq:8ProcessDescriptionStatus

ProcessDescription	Status	Submitter	Created	LastUpdate
Create Pending Report	Processing Complete	60314	3/9/2014 6:13:25 PM	3/9/2014 6:13:25 PM
Recalc Pending Report Total	Processing Complete	60314	3/9/2014 6:20:34 PM	3/9/2014 6:20:34 PM
File Pending Report	Processing Complete	60314	3/9/2014 6:22:58 PM	3/9/2014 6:22:58 PM
Review Filed Report	Processing Complete	krbronson	3/19/2014 3:43:36 PM	3/19/2014 3:43:36 PM

EXHIBIT 5(4fi)



Queued Items for 2014-M8

Account:	60314
Rpt Seq:	14

STS 040 Dwight M. Bullard

ProcessDescription	Status	Submitter	Created	LastUpdate
Create Pending Report	Processing Complete	60314	9/11/2014 5:00:18 PM	9/11/2014 5:00:18 PM
File Pending Report	Processing Complete	60314	9/11/2014 5:23:28 PM	9/11/2014 5:23:29 PM
Review Filed Report	Processing Complete	ejrowlette	9/25/2014 11:41:12 AM	9/25/2014 11:41:12 AM
Review Filed Report	Processing Complete	ejrowlette	1/6/2015 9:36:43 AM	1/6/2015 9:36:44 AM
Review Filed Report	Processing Complete	ejrowlette	1/6/2015 9:36:44 AM	1/6/2015 9:36:44 AM
Review Filed Report	Processing Complete	60314	2/10/2015 9:43:41 PM	2/10/2015 9:43:41 PM
Amend Filed Report	Processing Complete	60314	2/10/2015 9:44:13 PM	2/10/2015 9:44:13 PM
File Pending Report	Processing Complete	60314	2/10/2015 9:47:09 PM	2/10/2015 9:47:10 PM
Review Filed Report	Processing Complete	krbronson	2/13/2015 3:15:59 PM	2/13/2015 3:15:59 PM

EXHIBIT 5(5+17)





Queued Items for 2014-M11

Account: **60314** Rpt Seq: 17

STS 040 Dwight M. Bullard

ProcessDescription	Status	Submitter	Created	LastUpdate
Create Pending Report	Processing Complete	60314	12/9/2014 3:00:25 PM	12/9/2014 3:00:25 PM
File Pending Report	Processing Complete	60314	12/9/2014 3:59:22 PM	12/9/2014 3:59:24 PM
Review Filed Report	Processing Complete	ejrowlette	12/22/2014 3:31:35 PM	12/22/2014 3:31:36 PM
Review Filed Report	Processing Complete	ejrowlette	1/27/2015 2:02:32 PM	1/27/2015 2:02:33 PM
Review Filed Report	Processing Complete	krbronson	2/3/2015 4:53:16 PM	2/3/2015 4:53:16 PM
Review Filed Report	Processing Complete	krbronson	2/3/2015 4:53:19 PM	2/3/2015 4:53:19 PM

EXHIBIT 5(60717)





Queued Items for 2014-M12

Account: **60314** Rpt Seq: 18

STS 040 Dwight M. Bullard

ProcessDescription	Status	Submitter	Created	LastUpdate
Create Pending Report	Processing Complete	60314	1/10/2015 7:16:06 PM	1/10/2015 7:16:06 PM
File Pending Report	Processing Complete	60314	1/10/2015 7:49:01 PM	1/10/2015 7:49:01 PM
Review Filed Report	Processing Complete	ejrowlette	1/14/2015 1:08:26 PM	1/14/2015 1:08:27 PM

EXHIBIT 5(7of)

.





Queued Items for 2015-M3

Account:	60314
Rpt Seq:	21

STS 040 Dwight M. Bullard

ProcessDescription	Status	Submitter	Created	LastUpdate
Create Pending Report	Processing Complete	60314	4/6/2015 4:34:37 PM	4/6/2015 4:34:37 PM
Recalc Pending Report Total	Processing Complete	60314	4/6/2015 6:15:17 PM	4/6/2015 6:15:17 PM
File Pending Report	Processing Complete	60314	4/6/2015 6:15:50 PM	4/6/2015 6:15:51 PM
Review Filed Report	Processing Complete	ejrowlette	4/14/2015 10:12:30 AM	4/14/2015 10:12:30 AM

EXHIBIT 5(8of 17)



STS 040 Dwight M. Bullard

Account:	60314	
Rpt Seq:	22	

ProcessDescription Status Submitter Created LastUpdate Create Pending Report **Processing Complete** 60314 5/11/2015 3:37:48 PM 5/11/2015 3:37:48 PM 60314 5/11/2015 4:47:35 PM Recalc Pending Report Total **Processing Complete** 5/11/2015 4:47:35 PM File Pending Report Processing Complete 60314 5/11/2015 4:48:29 PM 5/11/2015 4:48:29 PM Review Filed Report **Processing Complete** ejrowlette 5/12/2015 9:58:29 AM 5/12/2015 9:58:29 AM

EXHIBIT_





00

Account: **60314** Rpt Seq: 23

STS 040 Dwight M. Bullard

ProcessDescription	Status	Submitter	Created	LastUpdate
Create Pending Report	Processing Complete	60314	6/8/2015 2:06:46 PM	6/8/2015 2:06:46 PM
File Pending Report	Processing Complete	60314	6/8/2015 2:41:06 PM	6/8/2015 2:41:06 PM
Review Filed Report	Processing Complete	jhayala	6/11/2015 9:36:39 AM	6/11/2015 9:36:42 AM

EXHIBIT 5(10 + 17)



Account: **60314** Rpt Seq: 24

STS 040 Dwight M. Bullard

Seq: 24

ProcessDescription	Status	Submitter	Created	LastUpdate
Create Pending Report	Processing Complete	60314	7/10/2015 2:27:07 PM	7/10/2015 2:27:07 PM
File Pending Report	Processing Complete	60314	7/10/2015 4:00:26 PM	7/10/2015 4:00:27 PM

EXHIBIT 5(110-17)





· • • *

Queued Items for 2015-M9

Account:	60314	
Rpt Seq:	27	

STS 040 Dwight M. Bullard

ProcessDescription	Status	Submitter	Created	LastUpdate
Create Pending Report	Processing Complete	60314	10/9/2015 4:19:24 PM	10/9/2015 4:19:24 PM
Recalc Pending Report Total	Processing Complete	60314	10/12/2015 3:37:17 PM	10/12/2015 3:37:17 PM
File Pending Report	Processing Complete	60314	10/12/2015 3:38:52 PM	10/12/2015 3:38:52 PM
Review Filed Report	Processing Complete	ejrowlette	10/14/2015 9:35:09 AM	10/14/2015 9:35:09 AM

EXHIBIT 5(14+17)



Queued Items for 2015-M10

Account: **60314** Rpt Seq: 28

STS 040 Dwight M. Bullard

ProcessDescription	Status	Submitter	Created	LastUpdate
Create Pending Report	Processing Complete	60314	11/10/2015 9:17:26 PM	11/10/2015 9:17:26 PM
File Pending Report	Processing Complete	60314	11/10/2015 11:03:16 PM	11/10/2015 11:03:16 PM
Review Filed Report	Processing Complete	jhayala	11/12/2015 3:11:01 PM	11/12/2015 3:11:01 PM

EXHIBIT 5(15 of 17)

12/8/2016



Queued Items for 2015-M11

Account: **60314** Rpt Seq: 29

STS 040 Dwight M. Bullard

.

ProcessDescription	Status	Submitter	Created	LastUpdate
Create Pending Report	Processing Complete	60314	12/11/2015 3:07:55 PM	12/11/2015 3:07:55 PM
File Pending Report	Processing Complete	60314	12/11/2015 4:59:45 PM	12/11/2015 4:59:46 PM
Review Filed Report	Processing Complete	ejrowlette	3/11/2016 11:05:50 AM	3/11/2016 11:05:50 AM

EXHIBIT 5(160f 17)

.

12/8/2016



Account: **60314** Rpt Seq: 31

STS 040 Dwight M. Bullard

ProcessDescription	Status	Submitter	Created	LastUpdate
Create Pending Report	Processing Complete	60314	1/11/2016 12:35:20 PM	1/11/2016 12:35:20 PM
Recalc Pending Report Total	Processing Complete	60314	1/11/2016 3:04:19 PM	1/11/2016 3:04:19 PM
File Pending Report	Processing Complete	60314	l/11/2016 3:04:49 PM	1/11/2016 3:04:49 PM
Review Filed Report	Processing Complete	ejrowlette	1/14/2016 9:51:40 AM	1/14/2016 9:51:49 AM
Review Filed Report	Processing Complete	ejrowlette	2/16/2016 12:37:17 PM	2/16/2016 12:37:17 PM
Amend Filed Report	Processing Complete	60314	10/14/2016 11:08:46 AM	10/14/2016 11:08:46 AM
File Pending Report	Processing Complete	60314	10/14/2016 11:13:53 AM	10/14/2016 11:13:53 AM

EXHIBIT 5(17of17)

•







RE: Acct #60314 Bronson, Kristi R. to: Cedric Oliver 12/06/2016 08:59 AM Hide Details From: "Bronson, Kristi R." <Kristi.Bronson@DOS.MyFlorida.com> To: Cedric Oliver <Cedric.Oliver@myfloridalegal.com>

No, these have not been corrected.

Regards,

Kristi Reid Bronson, Chief Division of Elections, Bureau of Election Records (850) 245-6240

This response is provided for reference only and does not constitute legal advice or representation. As applied to a particular set of facts or circumstances, interested parties should refer to the Florida Statutes and applicable case law, and/or consult a private attorney before drawing any legal conclusions or relying upon the information provided. Please note: Florida has a very broad public records law. Written communications to or from state officials regarding state business constitute public records and are available to the public and media upon request unless the information is subject to a specific statutory exemption. Therefore, your e-mail message may be subject to public disclosure.

From: Cedric Oliver [mailto:Cedric.Oliver@myfloridalegal.com] Sent: Thursday, December 01, 2016 2:31 PM To: Bronson, Kristi R. Subject: Acct #60314

Hi Kristi! I have several for you today on one Respondent, so bear with me. :-) Are these reports now considered complete and correct? Thanks.

2013 Q1 2014 M2 2014 M8 2014 M11 2014 M12 2015 M3 2015 M4 2015 M5

2015 M6 2015 M7 2015 M8 2015 M9 2015 M10 2015 M11 2015 M12

The Department of State is committed to excellence. Please take our Customer Satisfaction Survey.

EXHIBIT



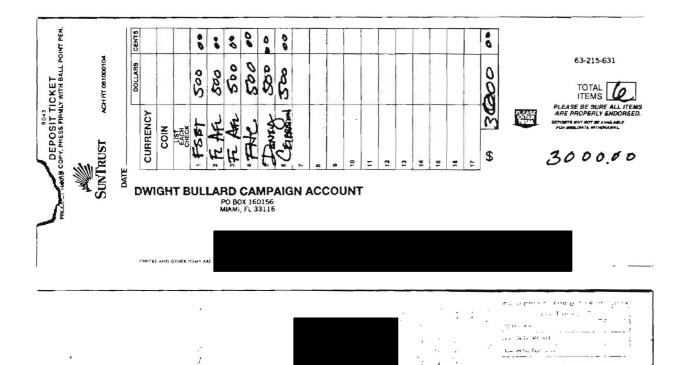


EXHIBIT 7(1077)

6.4 14

..... 1.1.2

.

'n

x

- * κ. 1.

, i X * Croit

ني د مويد م



FLORIDA STATE BUILDING TRADES P.O. BOX 10888 TALLAHASSEE, FL 32302-2888 (850)224-4440 PAY TO THE ORDER OF AD WIGHT BUILDING COMO FLORE HUMBRO HOLLAN, Of ts -	bardu	6720 60-02722001 DATE Twb- 20, 2013
POWERNET ERBORT UNION INDER R. MOROTONE PARCONE FOR Lampaion Contribution		John C. Parker -
A set of the set of th		
o	·	

EXHIBIT $\neg (a_0 f \neg)$

	U	
1		

THE CELEBRATION COMPANY	1207	
CELEBRATION, FL 34747	DATE	A
PAY TO THE OF DWISHT BullArd CAMPAISN	\$ 500.00	
Five hunder)	ON ODOLLARS	Sec a Sy Factores Dennis on
Bank of America 🌮	DNN-	



30 EXHIBIT 7(

	0.		
/			

DISNEY	VACATION DEVELOPMENT, INC. 1390 CELEBRATION BLVD. CELEBRATION, FL 34747	DATE 8/16/13	1196 16-56/1220 CA
Fire Wand 1+1	Bullard CAMPAISN	\$ 5	
Bank of America		- / M/La	
a (19), Angeneer (1940) (11 (19) F		te τας (s∰alfina carao a)e τα γι	
	· · · · · · · · · · · · · · · · · · ·	•	X
1. A share a set of a set o			A
A Level and the second s			R
स । 	ž	· .	

EXHIBIT 7(40f 7)



FLORIDA HEALTH CARE POLITICAL ACTION COMMITTEE	Tallahassee State Bank 601 N. MONROE STREET TALLAHASSEE, FL 32301	1669
307 WEST PARK AVENUE TALLAHASSEE, FL 32301 850-224-3907	63-992/631	8/15/2012
PAY TO THE Campaign of Dwight Bullard		\$ **500.00
Five Hundred and 00/100********		DOLLARS
Campaign of Dwight Bullard	Chargy Dhi	SIGNATURES
Campaign Contribution		

. . .



EXHIBIT 7(50f7)



FLORIDA AFL-CIO GENERAL FUND	12282 SUNTRUST AGH IFT DE1000104
135 S, MONROE ST. TALLANASSE, FL 23301 Phone 850-224-6826 Www.Flaffcio.Org	SUNTRUST ACH FT DB1000104 63-215-631 2/19/2013
PAY TO THE Campaign for Dwight Bullard	\$ **500.00
Five Hundred and 00/100*********************************	DOLLARS &
Campaign for Dwight Bullard 14842 Robinson Street Miami, FL 33176	R Michael Will Vary
MEMO Donation	

Jach and a strategraphic strategraphic and strategraphic s C ENDORSE HERE N FROERAL RESERVE UUMBU OF GOVLAS ONN MICH CC A CA • ... * . -

EXHIBIT 7 (60f 7)



••

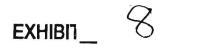
FLORIDA AFL-CIQ		0757
COPE INDIVIDUAL FUND 135 S MONROE ST TALLAHASSEE, FL 32301 (850) 224-6926	SUNTRUST ACHRI 081000104 63-215-631 2/19/2013	1 1 1 1 1
PAY TO THE Campaign for Dwight Bullard	\$**500.00	M. Decale
Five Hundred and 00/100		DOLLARS
Campaign for Dwight Bullard		3
14842 Robinson Street Miami, FL 33176	TWO SIGNATURES REQUIRED FOR AMOUNTS OVER	\$2,500.00
	12 Duran Culture	
MEMO Donation	AUTHORIZED SKINATURE	Im
		······
	ж. Т	

~~~~~ ~ C ENDORSE HESE DO NOT WPITE, STABP OR SISN BELOW THIS LINE RESERVED FOR FURANCIAL ASTITUTION DAL \* \* REAL RUS, FIL SUATU OF GOVLITORS REG. CC . . Å in a constant Sector a constant Sector a constant . . . . . .

EXHIBIT 7(7of 7



| FLORIDA HEALTH CARE     POLITICAL ACTION COMMITTEE     307 WEST PARK AVENUE     TALLAHASSEE, FL 32301     850-224-3907 PAY TO THE     Dwight Bullard Campaign     One Thousand and 00/100 | E PAPER WITH AUGROMENTED BORDER<br>Tallahassee<br>State Bank<br>601 N. MONROE STREET<br>TALLAHASSEE, FL 32301<br>63-992/631 | 303<br>9/9/2015 1<br>1,000.00 ₽ |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| Dwight Bullard Campaign<br>MEMO<br>Campaign Contribution                                                                                                                                  | AUTHONIZED SIGNATURES                                                                                                       | DOLLARS                         |
|                                                                                                                                                                                           | · · · · · · · · · · · · · · · · · · ·                                                                                       | C BROOFL HERE                   |



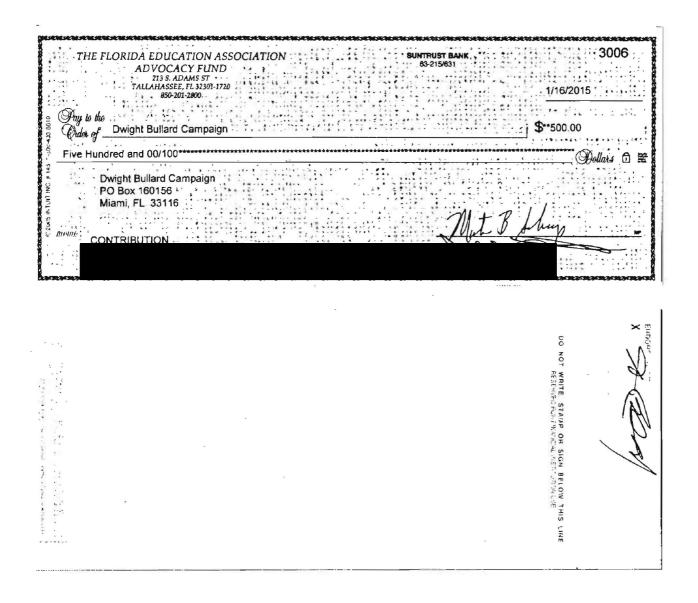


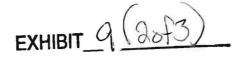
| THE FLORIDA EDUCATION ASSOCIATION                                                         | 8UNTRUST BANK<br>63-215/631             | 2862       |
|-------------------------------------------------------------------------------------------|-----------------------------------------|------------|
| ADVOCACY FUND<br>213 S. ADAMS ST<br>TALLAHASSEC, FL 32301-1720<br>850-201-2800            |                                         | 3/1/2013   |
| Pay to the                                                                                |                                         | · ·        |
| Grade of Dwight M Bullard Campaign - 2                                                    | 14. (A)                                 | \$**500.00 |
| Five Hundred and 00/100                                                                   | *************************************** | Dellars A  |
| Five Hundred and 00/100<br>Dwight M Bullard Campaign<br>P O Box 160156<br>Miami, FL 33116 |                                         | Dollars 🖻  |
| Dwight M Bullard Campaign<br>P O Box 160156                                               |                                         | Dollars 🖻  |

X X HEAL EC NOT WITE STARE OF SHARPONG THE LINE RECORDER OF STARE POLICY N.

EXHIBIT 9(10f3)









| THE FLORIDA EDUCATION ASSOCIATION                                             | 40.00000000000000000000000000000000000 | 3012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ADVOCACY FUND<br>213 5. ADAMS 5T<br>TALLAHASEE, FL 32301-1720<br>850-201-2800 | 1994-1993 (1996-1992)<br>-             | 8/20/2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Pay to the Grida of Dwight Bullard Campaign                                   | \$                                     | -500.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Five Hundred and 00/100*********************************                      |                                        | Hollars 🗅 🖻                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| PO Box 160156<br>Miami, FL 33116                                              | Junn MM                                | 14. <i>01</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Contribution                                                                  | Junio Pin                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Landarderarianterarian                                                        |                                        | and the second s |

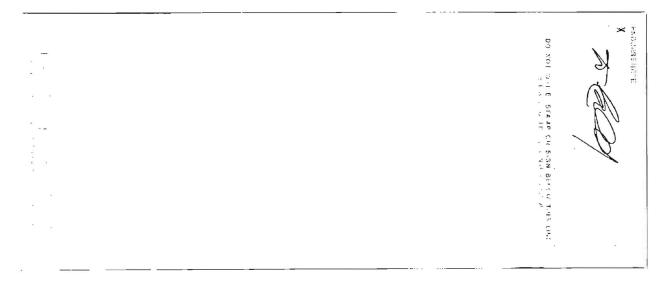


EXHIBIT 9(30f3)

Candidate & Campaign Treasurer Handbook

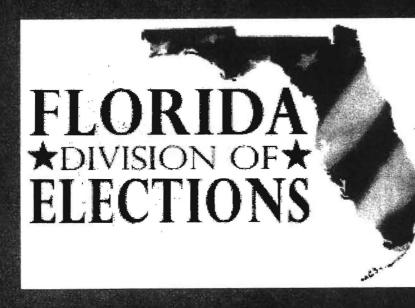


EXHIBIT 1D

076

November 2013 Florida Department of State Division of Elections R. A. Gray Building, Room 316 500 South Bronough Street Tallahassee, FL 32399-0250 (850) 245-6240

# Table of Contents

| CHAPTER 1: BACKGROUND                                                         |    |
|-------------------------------------------------------------------------------|----|
| CHAPTER 2: THE CAMPAIGN FINANCING ACT                                         | 2  |
| CHAPTER 3: OFFICES TO BE ELECTED IN 2014                                      | 3  |
| CHAPTER 4: GLOSSARY OF TERMS                                                  | 4  |
| CHAPTER 5: BECOMING A CANDIDATE                                               | 7  |
| What to File                                                                  | 7  |
| Filing Officer                                                                |    |
| Resign-to-Run                                                                 |    |
| Federal Hatch Act for State and Local Employees                               |    |
| Federal Hatch Act for Federal Employees                                       | 9  |
| Changing Parties for Partisan Offices                                         | 9  |
| Changing the Designation of Office                                            | 9  |
| Pro Rata Refund Example                                                       |    |
| CHAPTER 6: STATEMENT OF SOLICITATION                                          | 11 |
| Who Must File Form DS-DE 102, Statement of Solicitation                       |    |
| When to File                                                                  | 11 |
| Penalty for Late Filing                                                       |    |
| Public Website and Mission Statement                                          | 11 |
| Additional Reporting                                                          | 11 |
| CHAPTER 7: PROHIBITED ACTS                                                    | 12 |
| Speaking at Political Meetings                                                | 12 |
| Using State-Owned Aircraft or Motor Vehicle                                   | 12 |
| Using Services of State, County, Municipal, or District Officers or Employees |    |
| Making Contributions in the Name of Another                                   |    |
| Solicitation from Religious, Charitable and Civic Organizations               |    |
| Accepting Contributions in a Government-Owned Building                        |    |
| Making Malicious Statements                                                   |    |
| Making False Representation of Military Service                               | 13 |
| Certifying a False Report                                                     |    |
| Limitations on Political Activity for Judicial Candidates                     | 13 |
| CHAPTER 8: CAMPAIGN TREASURERS                                                |    |
| Appointing Campaign Treasurers and Deputy Treasurers                          | 15 |
| Duties and Responsibilities                                                   | 15 |
| Resignation or Removal                                                        |    |

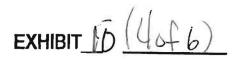


| CHAPTER 9: CAMPAIGN DEPOSITORIES                               |  |
|----------------------------------------------------------------|--|
| Primary Campaign Depository                                    |  |
| Secondary Campaign Depository                                  |  |
| Separate Interest-Bearing Accounts and Certificates of Deposit |  |
| Campaign Checks                                                |  |
| Debit Cards                                                    |  |
| Credit Cards                                                   |  |
| CHAPTER 10: CONTRIBUTIONS                                      |  |
| Unauthorized Contributions                                     |  |
| Anonymous Contributions                                        |  |
| In-Kind Contributions                                          |  |
| Loans                                                          |  |
| Cash Contributions                                             |  |
| Debit and Credit Card Contributions                            |  |
| Contribution Limits for Candidates                             |  |
| Foreign Contributions                                          |  |
| Violations                                                     |  |
| 2014 Deadlines for Accepting Contributions                     |  |
| CHAPTER 11: EXPENDITURES                                       |  |
| Definition                                                     |  |
| General Requirements                                           |  |
| Checks                                                         |  |
| Living Expenses                                                |  |
| Petty Cash Funds                                               |  |
| Limits on Petty Cash Fund Amounts                              |  |
| Independent Expenditures                                       |  |
| Credit Cards                                                   |  |
| Debit Cards                                                    |  |
| Electioneering Communications                                  |  |
| Expenditures for Electioneering Communications                 |  |
| CHAPTER 12: POLITICAL ADVERTISING                              |  |
| Candidate Disclaimers                                          |  |
| Exceptions to Disclaimer Requirements                          |  |
| Disclaimer for Write-in Candidates                             |  |
| Non-incumbent Advertisements                                   |  |
|                                                                |  |

C

EXHIBIT 10, (32f 6)

| Advertisement Provided In-kind                                                  |    |
|---------------------------------------------------------------------------------|----|
| CHAPTER 13: OTHER DISCLAIMERS                                                   |    |
| Endorsements in Political Advertisements                                        |    |
| Independent Expenditure Disclaimers                                             |    |
| Disclaimers for Other than Independent Expenditures                             |    |
| Disclaimers on Novelty Items                                                    |    |
| Language Other Than English                                                     |    |
| Electioneering Communications Disclaimers                                       |    |
| Other Political Disclaimer Examples                                             |    |
| Miscellaneous Advertisements                                                    |    |
| Use of Closed Captioning and Descriptive Narrative in all Television Broadcasts |    |
| CHAPTER 14: FUND RAISERS                                                        |    |
| Contributions from Fund Raisers                                                 |    |
| Expenditures for Fund Raisers                                                   |    |
| Tickets                                                                         |    |
| CHAPTER 15: TELEPHONE SOLICITATION                                              |    |
| Telephone Solicitation                                                          |    |
| Registered Agent                                                                |    |
| CHAPTER 16: FILING CAMPAIGN REPORTS                                             |    |
| Where to File                                                                   |    |
| When to File                                                                    |    |
| Penalty for Late Filing                                                         |    |
| Waiver of Report                                                                |    |
| Incomplete Reports                                                              |    |
| Reporting Total Sums                                                            |    |
| Reporting Contributions                                                         |    |
| Returning Contributions                                                         |    |
| Reporting Expenditures                                                          |    |
| Special Requirements for Judicial Candidates                                    |    |
| CHAPTER 17: TERMINATION REPORTS                                                 | 50 |
| Prior to Disposing of Surplus Funds                                             |    |
| Disposing of Surplus Funds                                                      |    |
| Money from Separate Interest-Bearing Account or Certificate of Deposit          |    |
| Campaign Loans Report                                                           |    |



| CHAPTER 18: REPORTING FOR INDIVIDUALS SEEKING A PUBLICLY ELECTED POSITION ON A PARTY |            |
|--------------------------------------------------------------------------------------|------------|
| EXECUTIVE COMMITTEE                                                                  | 52         |
| Where to File                                                                        |            |
| When to File                                                                         | 52         |
| Termination Reports                                                                  | 52         |
| Penalty for Late Filing                                                              | 52         |
| Incomplete Reports                                                                   | 52         |
| Reporting Requirements                                                               | 53         |
| CHAPTER 19: ELECTRONIC FILING OF CAMPAIGN REPORTS                                    | 54         |
| Accessing the EFS                                                                    | 54         |
| Creating Reports                                                                     | 54         |
| Submitting Reports                                                                   | 54         |
| Electronic Receipts                                                                  | 54         |
| CHAPTER 20: OFFICE ACCOUNTS                                                          | 55         |
| Using the Office Account                                                             | 55         |
| Reporting Office Account Funds                                                       | 56         |
| CHAPTER 21: CARRYOVER CAMPAIGN FUNDS                                                 | 57         |
| CHAPTER 22: RECORDKEEPING                                                            | 58         |
| Contributions                                                                        | 58         |
| Expenditures                                                                         | 58         |
| Preservation of Accounts                                                             | 59         |
| Inspections                                                                          | 59         |
| CHAPTER 23: BOOKKEEPING SUGGESTIONS                                                  | 60         |
| CHAPTER 24: FLORIDA ELECTIONS COMMISSION                                             | 61         |
| Automatic Fine Appeal Process                                                        | 61         |
| Complaint Process                                                                    | 61         |
| APPENDIX                                                                             | 5 <b>2</b> |
| APPENDIX A: FREQUENTLY ASKED QUESTIONS                                               | 53         |
| APPENDIX B: 2014 DEADLINES FOR ACCEPTING CONTRIBUTIONS                               | 5 <b>9</b> |

This publication is available in alternate format upon request by contacting the Division of Elections at 850.245.6240.

EXHIBIT 10 (5076)

OFFICE USE ONLY 2013 FEB 22 PM 3:44 DIVISION OF ELECTIONS STATEMENT OF CANDIDATE (Section 106.023, F.S.) (Please print or type) 1. SEN DWIGHT PULLOR candidate for the office of F2 GATE SENATE District 39 have been provided access to read and understand the requirements of Chapter 106, Florida Statutes. 2, Х Signature of Candidate Each candidate must file a statement with the gualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes). DS-DE 84 (05/11) EXHIBIT



## STATEMENT OF CANDIDATE

(Section 106.023, F.S.) (Please print or type) DEPATION OF STAIL

2016 MAR ID AM 9: 11

AL AHASSEE, FL

## . Dwight Bullard

candidate for the office of Florida Senator District 40

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

Х Signature of Candidate

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

EXHIBIT

DS-DE 84 (05/11)



FLORIDA ELECTIONS COMMISSION 107 W. Gaines Street, Suite 224 Collins Building Tallahassee, Florida 32399-1050 Telephone: (850) 922-4539 Fax: (850) 921-0783

June 30, 2016

Dwight Mitchell Bullard 14842 Robinson Street Miami, FL 33176

### RE: Case No.: FEC 16-123; Respondent: Dwight Mitchell Bullard

Dear Mr. Bullard:

On May 23, 2016, the Florida Elections Commission received a complaint alleging that you violated Florida's election laws. I have reviewed the complaint and find that it contains one or more legally sufficient allegations. The Commission staff will investigate the following alleged violations:

Section 106.07(2)(b)1., Florida Statutes: Respondent is a 2016 candidate for the office of State Senate, acting as his own treasurer. Respondent failed to timely make necessary amendments to the following campaign treasurer's reports after notice, as alleged in the complaint:

- 2013 Q1
- 2014 M2
- 2014 M8
- 2014 M11
- 2014 M12
- 2015 M3
- 2015 M4
- 2015 M5
- 2015 M6
- 2105 M7
- 2105 MI7
  2015 M8
- 2015 M9
- 2015 MD
  2015 M10
- 2015 M10
  2015 M11
- 2015 M11
  2015 M12
- 2015 M12

Section 106.19(1)(a), Florida Statutes: Respondent may have accepted one or more contributions in excess of the limits prescribed by Section 106.08, Florida Statutes, as alleged in the complaint.

ι

Section 106.19(1)(c), Florida Statutes: Respondent may have falsely reported or deliberately failed to include information in one or more campaign reports required by Chapter 106, Florida Statutes, as alleged in the complaint.

You may respond to the allegations above by filing a notarized statement providing any information regarding the facts and circumstances surrounding the allegations. Your response will be included as an attachment to the investigator's report.

When we conclude the investigation, a copy of the Report of Investigation will be mailed to you at the above address. You may file a response to the report within 14 days from the date the report is mailed to you. Based on the results of the investigation, legal staff will make a written recommendation to the Commission on whether there is probable cause to believe you have violated Chapter 104 or 106, Florida Statutes. A copy of the Staff Recommendation will be mailed to you and you may file a response within 14 days from the date the recommendation is mailed to you. Your timely filed response(s) will be considered by the Commission when determining probable cause.

The Commission will then hold a hearing to determine whether there is probable cause to believe you have violated Chapters 104 or 106, Florida Statutes. You and the complainant will receive a notice of hearing at least 14 days before the hearing. The notice of hearing will indicate the location, date, and time of your hearing. You will have the opportunity to make a brief oral statement to the Commission, but you will not be permitted to testify or call others to testify, or introduce any documentary or other evidence.

At any time before a probable cause finding, you may notify us in writing that you want to enter into negotiations directed towards reaching a settlement via consent agreement.

The Report of Investigation, Staff Recommendation, and Notice of Hearing will be mailed to the above address as this letter. Therefore, if your address changes, you must notify this office of your new address. Otherwise, you may not receive these important documents. <u>Failure to receive the documents will not delay the probable cause hearing</u>.

Under section 106.25, Florida Statutes, complaints, Commission investigations, investigative reports, and other documents relating to an alleged violation of Chapters 104 and 106, Florida Statutes, are <u>confidential</u> until the Commission finds probable cause or no probable cause. The confidentiality provision does not apply to the person filing the complaint. However, it does apply to you unless you waive confidentiality in writing. The confidentiality provision does not preclude you from seeking legal counsel. However, if you retain counsel, your attorney must file a notice of appearance with the Commission before any member of the Commission staff can discuss this case with him or her.

If you have any questions or need additional information, please contact Cedric Oliver, the investigator assigned to this case.

Sincerely.

Amy McKeever Toman Executive Director

AMT/enr

### DIVISION OF ELECTIONS FEC NOTICE FORM

ZB 137 23 P 3:24

#### To FEC from Division of Elections

| Candidate:      | Dwight Mitchell Bullard |
|-----------------|-------------------------|
| Account Number: | 60314                   |
| Treasurer:      | Dwight Mitchell Bullard |

The Division of Elections hereby provides this notice to the Florida Elections Commission pursuant to sections 106.22(7) and 106.25, Florida Statutes. An apparent violation of Chapter 106, F.S., has occurred based upon a failure to file addendums after notice as required by section 106.07(2)(b)1., Florida Statutes, for the following report(s):

| 2013 Q1  |
|----------|
| 2014 M2  |
| 2014 M8  |
| 2014 M11 |
| 2014 M12 |
| 2015 M3  |
| 2015 M4  |
| 2015 M5  |
| 2015 M6  |
| 2015 M7  |
| 2015 M8  |
| 2015 M9  |
| 2015 M10 |
| 2015 M11 |
| 2015 M12 |

4

#### AFFIDAVIT

#### STATE OF FLORIDA

#### **County of Leon**

4

.

#### Kristi Reid Bronson, being duly sworn, says:

- 1. I am the Chief of the Bureau of Election Records of the Division of Elections (Division). In that capacity, I oversee the Division's duties related to the filing of campaign finance reports.
- 2. This affidavit is made upon my personal knowledge, including information obtained from review of the attached records, of which I am the custodian.
- 3. I am of legal age and competent to testify to the matters stated herein.
- 4. **Dwight Mitchell Bullard** (60314) is a 2016 candidate for the office of State Senate.
- 5. On February 23, 2013, Dwight Mitchell Bullard filed the Appointment of Campaign Treasurer and Designation of Campaign Depository with the Division. Mr. Bullard appointed himself as treasurer. (See attached documents and acknowledgment letter.)
- 6. On January 14, 2016, the Division mailed Mr. Bullard notification that the 2015 M12 campaign report was incomplete. (See attached letter).
- 7. On February 2, 2016, the Division mailed Mr. Bullard notification that the 2015 M12 campaign report was incomplete. (See attached letter).
- 8. On February 17, 2016, the Division mailed Mr. Bullard final notification with delivery confirmation that the 2015 M12 campaign report was incomplete. (See attached letter with delivery confirmation).
- On February 8, 2016, the Division mailed Mr. Bullard notification that the 2013 Q1, 2014 M2, 2014 M8, 2014 M11, 2014 M12, 2015 M3, 2015 M4, 2015 M5, 2015 M6, 2015 M7, 2015 M8, 2015 M9, 2015 M10, 2015 M11 and 2015 M12 campaign reports were incomplete. (See attached letter).

- On February 25, 2016, the Division mailed Mr. Bullard notification that the 2013 Q1, 2014 M2, 2014 M8, 2014 M11, 2014 M12, 2015 M3, 2015 M4, 2015 M5, 2015 M6, 2015 M7, 2015 M8, 2015 M9, 2015 M10, 2015 M11 and 2015 M12 campaign reports were incomplete. (See attached letter).
- On March 11, 2016, the Division mailed Mr. Bullard final notification with delivery confirmation that the 2013 Q1, 2014 M2, 2014 M8, 2014 M11, 2014 M12, 2015 M3, 2015 M4, 2015 M5, 2015 M6, 2015 M7, 2015 M8, 2015 M9, 2015 M10, 2015 M11 and 2015 M12 campaign reports were incomplete. (See attached letter with delivery confirmation).
- As of April 15, 2016, the 2013 Q1, 2014 M2, 2014 M8, 2014 M11, 2014 M12, 2015 M3, 2015 M4, 2015 M5, 2015 M6, 2015 M7, 2015 M8, 2015 M9, 2015 M10, 2015 M11 and 2015 M12 campaign reports remain incomplete.

I hereby swear or affirm that the foregoing information is true and correct to the best of my knowledge.

Signature of Affian

Sworn to (or affirmed) and subscribed before me this 15<sup>th</sup> day of April/2016.

Signature of Notary Publi orida

Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known



| · •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                            |         |                                          |                                                          |                                              |             |                 |            |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------|------------------------------------------|----------------------------------------------------------|----------------------------------------------|-------------|-----------------|------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |         | 1                                        |                                                          |                                              |             |                 |            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |         | 1                                        |                                                          | DEDEN                                        |             |                 |            |  |
| APPOINTMENT OF C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              | RER     | RECEIVED<br>DEPARTMENT OF STATE          |                                                          |                                              |             |                 |            |  |
| A LEA A VETA THE METHOD REPORT OF A DATA AND AND AND AND AND AND AND AND AND AN | ION OF CAMPAIGN              |         | <b>!</b>                                 | 2013                                                     | FEB 22                                       | PM 3: 1     | 1.              |            |  |
| (Section 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 06.021(1), F.S.)             |         | }                                        |                                                          |                                              |             | <u>`</u>        |            |  |
| (PLEASE P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | RINT OR TYPE)                |         | DIVISION OF ELECTIONS<br>TAL AHASSEE, FL |                                                          |                                              |             |                 |            |  |
| NOTE: This form must to officer before opening the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              | lifying | OFFICE USE ONLY                          |                                                          |                                              |             |                 |            |  |
| 1. CHECK APPROPRIATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | BOX(ES):                     |         |                                          |                                                          |                                              |             |                 |            |  |
| Initial Filing of Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Re-filing to Change:         |         | reasu                                    | arer/Deputy                                              | Deposito                                     | ry 🗌        | Office          | Party      |  |
| 2 Name of Candidate (in t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | his order: First, Middle, La | ast)    |                                          | . Address (inclue<br>ode)                                | le post offic                                | e box or :  | street, city, s | state, zip |  |
| Dwight Bullard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              |         |                                          | . O. Box 1601                                            | 56 Miami                                     | , FL 331    | 16              |            |  |
| 4. Telephone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 5. E-mail address            |         |                                          |                                                          |                                              |             |                 |            |  |
| (305) 815-5845                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | bullard4senate@yah           | oo.con  | n                                        |                                                          |                                              |             |                 |            |  |
| 6 Office sought (include d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | istrict, circuit, group numb | per)    |                                          | L.                                                       | didate for a                                 | nonpart     | isan office     | check if   |  |
| Florida State Senate District 39 applicable:<br>My intent is to run as a Write-In candidate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              |         |                                          |                                                          | candidate.                                   |             |                 |            |  |
| 8 If a candidate for a part                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | isan office, check block     | and fil | l in na                                  | ame of party as                                          | applicable                                   | : My int    | ent is to run   | as a       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Party Affiliation            |         | mocr                                     |                                                          | 2. · · · · · · · · · · · · · · · · · · ·     | 10 <b>1</b> |                 | idate.     |  |
| 9. I have appointed the fol                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              | my      |                                          | Campaign Trea                                            | surer                                        |             | ty Treasure     |            |  |
| 10. Name of Treasurer or D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              |         |                                          |                                                          |                                              |             |                 |            |  |
| Dwight Bullard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              |         |                                          |                                                          |                                              |             |                 | 1          |  |
| 11. Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |         |                                          |                                                          |                                              | 12. Tele    |                 |            |  |
| 14842 Robinson St.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |         |                                          |                                                          |                                              | (305        | 8/1 -           | 5845-      |  |
| 13. City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 14. County                   | 15. Sta | ate                                      | 16. Zip Code                                             | 17. E-mail                                   |             |                 |            |  |
| Miami                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Miami-Dade                   | FL      | _                                        | 33176 d280b@yahoo.com                                    |                                              |             |                 |            |  |
| 18. I have designated the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | following bank as my         | 0       |                                          | rimary Deposito                                          | у 🔲                                          | Seconda     | ry Deposito     | ry         |  |
| 19. Name of Bank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |         | ł.                                       | Address                                                  |                                              |             |                 |            |  |
| Suntrust<br>21. City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 22. County                   |         | 002                                      | 0 SW 136th S<br>23. State                                | <u>.                                    </u> |             | 24. Zip Co      | de         |  |
| Miami                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Miami-Dade                   |         |                                          | FL                                                       |                                              |             | 33176           |            |  |
| UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND<br>DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |         |                                          |                                                          |                                              |             |                 |            |  |
| 25. Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |         | 26. 3                                    | Signature of Can                                         | didate                                       |             |                 |            |  |
| 2/22/13 X 7 4 6 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |         |                                          |                                                          |                                              |             |                 |            |  |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              |         |                                          |                                                          |                                              |             |                 |            |  |
| I. Dwight Bullard . do hereby accept the appointment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |         |                                          |                                                          |                                              |             |                 |            |  |
| (Please Print or Type Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              |         |                                          |                                                          |                                              |             |                 |            |  |
| designated above as: X Campaign Treasurer Deputy Treasurer.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              |         |                                          |                                                          |                                              |             |                 |            |  |
| $2/22/13$ X $\sim$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |         |                                          |                                                          |                                              |             |                 |            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              | /       | Sign                                     | Date Signature of Campaign Treasurer or Deputy Treasurer |                                              |             |                 |            |  |

<sup>-----</sup>

D.1- 40 0 0004 E 4 0

OFFICE USE ONLY ENT OF STAT 2013 FEB 22 PM 3:44 DIVISION OF ELECTIONS TAL AHASSEE, FL STATEMENT OF CANDIDATE (Section 106.023, F.S.) (Please print or type) SEN DWIGHT PULLORS 1, candidate for the office of FE GATE SENATE District 39 have been provided access to read and understand the requirements of Chapter 106, Florida Statutes. 2/22 Signature of Candidate Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).



## FLORIDA DEPARTMENT OF STATE

RICK SCOTT Governor

· •

KEN DETZNER Secretary of State

February 26, 2013

The Honorable Dwight Bullard Post Office Box 160156 Miami, Florida 33116

Dear Senator Bullard:

This will acknowledge receipt of the Appointment of Campaign Treasurer and Designation of Campaign Depository for the office of State Senator, which was placed on file in our office on February 22, 2013. Your name has been placed on the 2016 active candidate list.

### Campaign Treasurer's Reports

Your first campaign treasurer's report will be due on April 10, 2013. The report will cover the period of January 1 - March 31, 2013. All candidates who file reports with the Division of Elections are required to file by means of the Division's electronic filing system (EFS).

### Credentials and Sign-ons

Below is the web address to access the EFS and your user identification number. The enclosed sealed envelope contains your initial password. Once you have logged in using the initial password, you will be immediately prompted to change it to a confidential sign-on. You, your campaign treasurer, and deputy treasurers are responsible for protecting these passwords from disclosure and are responsible for all filings using these credentials, unless the Division is notified that your credentials have been compromised.

EFS Web site Address: https://efs.dos.state.tl.us Identification Number: 60314



Division of Elections R.A. Gray Bldg., Rm. 316 • 500 S Bronough St. • Tallahassee, Florida 32399-0250 Telephone: (850) 245-6240 • Facsimile: (850) 245-6259 elections.mvflorida.com



The Honorable Dwight Bullard February 26, 2013 Page Two

### Pin Numbers

•• •,

Pin numbers are confidential secure credentials that allow you to submit reports and update personal information. The enclosed sealed envelope contains your confidential pin numbers.

Each candidate is required to provide the Division of Elections with confidential personal information that may be used to allow access in the event that password is forgotten or lost. When you enter the campaign account screen, there will be a drop down box where you pick a question (such as *What is your mother's maiden name?*) and supply an answer. All passwords and answers to questions are stored as encrypted data and cannot be viewed by Division staff and given out over the phone. Please notify the Division if your credentials have been compromised.

### **Timely Filing**

All reports filed must be completed and filed through the EFS no later than midnight, Eastern Standard Time, of the due date. Reports not filed by midnight of the due date are late filed and subject to the penalties in Section 106.07(8). Florida Statutes. In the event that the EFS is inoperable on the due date, the report will be accepted as timely filed if filed no later than midnight of the first business day the EFS becomes operable. No fine will be levied during the period the EFS was inoperable.

Any candidate failing to file a report on the designated due date shall be subject to a fine of \$50 per day for the first 3 days late and, thereafter. \$500 per day for each late day, not to exceed 25% of the total receipts or expenditures, whichever is greater, for the period covered by the late report. However, for reports immediately preceding each primary and general election, the fine shall be \$500 per day for each late day, not to exceed 25% of the total receipts or expenditures, whichever is greater, for the period covered by the late shall be \$500 per day for each late day, not to exceed 25% of the total receipts or expenditures, whichever is greater, for the period covered by the late report.

### Electronic Receipts

The person submitting the report on the EFS will be issued an electronic receipt indicating and verifying the report was filed. Each campaign treasurer's report filed by means of the EFS is considered to be under oath by the candidate and campaign treasurer and such persons are subject to the provisions of Section 106.07(5), Florida Statutes.

The Honorable Dwight Bullard February 26, 2013 Page Three

### Instructions and Assistance

An online instruction guide is available to you on the EFS to assist with navigation, data entry, and submission of reports. The Division of Elections will also provide assistance to all users by contacting the EFS Help Desk at (850) 245-6280.

All of the Division's publications and reporting forms are available on the Division of Elections' web site at http://elections.myflorida.com. It is your responsibility to read, understand, and follow the requirements of Florida's election laws. Therefore, please print a copy of the following documents: Chapters 104 and 106, Florida Statutes, 2012 Candidate and Campaign Treasurer Handbook, 2013 Calendar of Reporting Dates, and Rule 1S-2.017, Florida Administrative Code.

Please let me know if you need additional information.

Sincerely,

· · · ,

Kunt Reid B

Kristi Reid Bronson, Chief Bureau of Election Records

KRB/ljr

Enclosures

# HAND DELIVERED

RECEIVED

2016 MAR 10 AM 9: 11

TAL AHASSEE, FL



5 A.

March 9, 2016

Department of Elections 500 South Bronough Street Tallahassee, Florida 32399-0250

To Whom It May Concern:

I am writing this letter to express my intention to switch from Florida Senate District 39 to Florida Senate District 40 due to redistricting for the 2016 election. My DOE account number is 60314. Thank you for your time and consideration in this matter.

Sincerely,

Dwight M. Bullard

| (305) ) 815-5845       Bullard4Florida@gmail.com         6 Office sought (include district, circuit, group number)       7. If a candidate for a <u>nonpartisan</u> office, check applicable:         Florida Senate District 40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | • ,                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                      |                                                            |                                                                                          | 0                                                                                                                              |                                                                                                        |                                |                                                                                    |                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------------|--------------------|
| APPOINTMENT OF CAMPAIGN TREASURER<br>AND DESIGNATION OF CAMPAIGN<br>DEPOSITORY FOR CANDIDATES<br>(Section 106 021(1), F.S.)       2016 MAR 10 AH 9: 11<br>"Institution of the present of the section of the section of the section 106 021(1), F.S.)         (PLEASE PRINT OR TYPE)       (PLEASE PRINT OR TYPE)         NOTE: This form must be on file with the qualifying<br>officer before opening the campaign account.       Institution of the section of t                                                         |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                      |                                                            | Į                                                                                        |                                                                                                                                | DE RE                                                                                                  | CEIVE                          | r                                                                                  |                    |
| APPOINTMENT OF CAMPAIGN TREASURER<br>AND DESIGNATION OF CAMPAIGN<br>DEPOSITORY FOR CANDIDATES<br>(Section 106 021(1), F.3)       2016 MAR 10 AH 9: 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                      |                                                            |                                                                                          |                                                                                                                                | 12 PM 3 17                                                                                             | CIT OF                         | STALE                                                                              |                    |
| (Secton 106 021(1), F.S.)<br>(PLEASE PRINT OR TYPE)       Main St.L. (OF EXETIONS<br>(A TAIASSEE, FL)         NOTE: This form must be on file with the qualifying<br>officer before opening the campaign account.       DEPOLE USE C         OFFICE USE C       OFFICE USE C         Initial Filing of Form<br>Re-Hing to Change: I Treasurer/Deputy Depository Office box or street, city, state, zi<br>code)       Officer box or street, city, state, zi<br>code)         2. Name of Candidate (in this order: First, Middle, Last)       3. Address (include post office box or street, city, state, zi<br>code)         Dwight Mitchell Bullard       5. E-mail address       Miami, FL 33116         G05 > 815-5845       Bullard4Florida@gmail.com       7. If a candidate for a nonpartisan office, check<br>applicable: My intent is to run as a Write-In candid         8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a Write-In candid         9. I have appointed the following parson to act as my Democratic       Party candidate         9. I have appointed the following bank as my Dimmary Depository       I 2. Telephone         13. City       14. County       15. State       16. Zip Code         13. City       Miami-Dade       FL       33157       sen.bullard@gmail.com         13. City       Miami-Dade       FL       33157       sen.bullard@gmail.com         13. City       Miami-Dade       FL       3216 <t< td=""><td>AND DESIC</td><td><b>GNATION OF</b></td><td>CAMPAIGN</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>                                                                                                                                                                                                                                                                                                                                                                                                                      | AND DESIC                                                                                                                                      | <b>GNATION OF</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CAMPAIGN                                                                                                                             |                                                            |                                                                                          |                                                                                                                                |                                                                                                        |                                |                                                                                    |                    |
| Instruction       Image: State of the second state state of the second state of the second state state state state state state of the second state s |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Contract Contract and a contract of the                                                                                              |                                                            |                                                                                          |                                                                                                                                | AL AN                                                                                                  | IF ELECT<br>ASSEF              | IONS                                                                               |                    |
| officer before opening the campaign account.       OFFICE USE C         1. CHECK APPROPRIATE BOX(ES):       Treasurer/Deputy       Depository       Office         2. Name of Candidate (in this order: First, Middle, Last)       3. Address (include post office box or street. city, state, zi code)         Dwight Mitchell Bullard       9.0. Box 10656         4. Telephone       5. E-mail address         6. Office sought (include district, circuit, group number)       7. If a candidate for a <u>nonpartisan</u> office, check and fill in name of party as applicable:         10. Mare of Treasurer or Deputy Treasurer       Democratic       Party candidate         9. I have appointed the following person to act as my       Campaign Treasurer       Deputy Treasurer         Dwight Bullard       11. Accounty       15 State       16. Zip Code       17. E-mail address         10. Name of Treasurer or Deputy Treasurer       Deputy Treasurer       Deputy Treasurer       10. Job 3 B15-5845         13. City       14. County       15 State       16. Zip Code       17. E-mail address         13. Name of Bank       20. Address       20. Address       20. Address         Suntrust       22. County       23. State       24. Zip Code         14. I have designated the following bank as my       Primary Depository       State       24. Zip Code         15. I have designated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (PLE)                                                                                                                                          | ASE PRINT OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | TYPE)                                                                                                                                |                                                            |                                                                                          |                                                                                                                                |                                                                                                        |                                | L                                                                                  |                    |
| Initial Filing of Form       Re-filing to Change:          Treasurer/Deputy □ Depository □ Office □         2. Name of Candidate (in this order: First, Middle, Last)       3. Address (include post office box or street, city, state, zi code)         Dwight Mitchell Bullard       9. Depository       0. Box 10656         4. Telephone       5. E-mail address       Miami, FL 33116         6. Office sought (include district, circuit, group number)       7. If a candidate for a <u>nonpartisan</u> office, check applicable:         Florida Senate District 40       7. If a candidate for a <u>nonpartisan</u> office, check applicable:         @ Write-in       No Party Affiliation       Democratic         P. I. Name of Treasurer or Deputy Treasurer       Deputy Treasurer         10. Name of Treasurer or Deputy Treasurer       0. So 3 815-5845         13. City       14. County       15. State       16. Zip Code       17. E-mail address         13. Obj S 815-5845       12. Telephone       (305.) 815-5845       13. City         14. County       15. State       16. Zip Code       17. E-mail address         15. Obj S 815-5845       182.0 SW 136th ST       24. Zip Code         13. Name of Bank       20. Address       23. State       24. Zip Code         21. City       22. County       Miami-Dade       FL       33.176         UNDER PENAL TES of PERU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                      | alifying                                                   | H                                                                                        | AND D                                                                                                                          | DELIVE                                                                                                 | REF                            | OFFICE                                                                             | USE                |
| Dwight Mitchell Bullard       Code)         4. Telephone       5. E-mail address         (305) 815-5845       Bullard/4Florida@gmail.com         6 Office sought (include district, circuit, group number)       7. If a candidate for a <u>nonpartisan</u> office, check applicable:         Plorida Senate District 40       My intent is to run as a Write-In candid         8. If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable:       My intent is to run as a Write-In candid         9. I have appointed the following person to act as my       Campaign Treasurer       Deputy Treasurer         10. Name of Treasurer or Deputy Treasurer       Ourget the following person to act as my       Campaign Treasurer       Deputy Treasurer         10. Name of Treasurer or Deputy Treasurer       0.05 ) 815-5845       12. Telephone       (305 ) 815-5845         13. City       14. County       15. State       16. Zip Code       17. E-mail address         13. City       14. County       15. State       20. Address       Secondary Depository         19. Name of Bank       20. Address       20. Address       Suntrust       24. Zip Code         21. City       22. County       23. State       24. Zip Code       33176         24. City       22. County       23. State       24. Zip Code         Miami       Mami-Dade                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                      | Т                                                          | reasurer/[                                                                               | Deputy                                                                                                                         | Deposito                                                                                               | ry 🗋                           | Office                                                                             |                    |
| DWight Milletter Builard       P.O. Box 10656         4. Telephone       5. E-mail address         Bullard/4Florida@gmail.com       Miami, FL 33116         6 Office sought (include distict, circuit, group number)       7. If a candidate for a <u>nonpartisan</u> office, check         Florida Senate District 40       P.O. Box 10656         8. If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable:       My intent is to run as a Write-In candidate.         9. I have appointed the following person to act as my       Campaign Treasurer       Deputy Treasurer         Dwight Bullard       11. Mailing Address       12. Telephone       (305) 815-5845         13. City       14. County       15. State       16 Zip Code       17. E-mail address         Wiami       Miami-Dade       FL       33157       sen.bullard@gmail.com         14. I have designated the following bank as my       Primary Depository       Secondary Depository         19. Name of Bank       20. Address       33157         Suntrust       22. County       23. State       24. Zip Code         17. E-mail address       33176       33176         Under PENAL TES of PERJURY, DECLARE THAT (HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER DEDISINTON OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.         25 Date       2/9/1/6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2. Name of Candida                                                                                                                             | te (in this order;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | First, Middle, L                                                                                                                     | ast)                                                       |                                                                                          | fress (inclu                                                                                                                   | de post offic                                                                                          | e box or s                     | treet, city, s                                                                     | state, zi          |
| 4. Telephone       5. E-mail address       Miami, FL 33116         (305) 815-5845       Bullard4Florida@gmail.com       7. If a candidate for a nonpartisan office, check applicable:         6 Office sought (include district, circuit, group number)       7. If a candidate for a nonpartisan office, check block and fill in name of party as applicable:       My intent is to run as a Write-In candidate.         8. If a candidate for a partisan office, check block and fill in name of party as applicable:       My intent is to run as a Write-In candidate.         9. I have appointed the following parson to act as my       Campaign Treasurer       Deputy Treasurer         10. Name of Treasurer or Deputy Treasurer       Deputy Treasurer       12. Telephone         13. City       14. County       15 State       16 Zip Code       17. E-mail address         13. City       14. County       15 State       16 Zip Code       17. E-mail address         13. City       14. County       15 State       16 Zip Code       17. E-mail address         Suntrust       8820 SW 136th ST       21. County       18. I have designated the following bank as my       Primary Depository       Secondary Depository         19. Name of Bank       22. County       23. State       24. Zip Code         21. City       22. County       23. State       24. Zip Code         Miami       Miami-Dade                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Dwight Mitchell Bi                                                                                                                             | ullard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                      |                                                            |                                                                                          | Box 1065                                                                                                                       | 6                                                                                                      |                                |                                                                                    |                    |
| 6       Office sought (include district, circuit, group number)         Florida Senate District 40       7. If a candidate for a nonpartisan office, check         Senate District 40       My intent is to run as a Write-In candidate         8. If a candidate for a partisan office, check block and fill in name of party as applicable:       My intent is to run as a Write-In candidate.         9. Ihave appointed the following person to act as my       Campaign Treasurer       Deputy Treasurer         10. Name of Treasurer or Deputy Treasurer       Deputy Treasurer       12 Telephone         13. City       14. County       15 State       16 Zip Code       17. E-mail address         13. City       14. County       15 State       16 Zip Code       17. E-mail address         13. City       Miami-Dade       FL       33157       sen.bullard@gmail.com         18. I have designated the following bank as my       Primary Depository       Secondary Depository         19. Name of Bank       20. Address       24. Zip Code         21. City       22. County       23. State       24. Zip Code         21. City       22. County       23. State       24. Zip Code         23. Treasurer's Acceptance of Appointment (fill in the blanks and criteck the appropriate block)          25. Date       26 Signature and addresk <td>4. Telephone</td> <td>5. E-mail</td> <td>address</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4. Telephone                                                                                                                                   | 5. E-mail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | address                                                                                                                              |                                                            |                                                                                          |                                                                                                                                |                                                                                                        |                                |                                                                                    |                    |
| Florida Senate District 40       applicable:         My intent is to run as a Write-In candid         8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a         Write-in       No Party Affiliation         9. I have appointed the following person to act as my       Campaign Treasurer         10. Name of Treasurer or Deputy Treasurer       Democratic         20. Name of Treasurer or Deputy Treasurer       Demoty Treasurer         20. Name of Treasurer or Deputy Treasurer       12. Telephone         20. Wight Bullard       13. Cay         11. Mailing Address       12. Telephone         15900 SW 95 Ave #308       (305) 815-5845         13. Cay       14. County         15. State       16. Zip Code         17. E-mail address       (305) 815-5845         18. I have designated the following bank as my       Primary Depository         19. Name of Bank       20. Address         Suntrust       8820 SW 136th ST         21. City       22. County         Miami-Dade       FL         23/1/6       24. Zip Code         25. Date       26 Signature of Campaign Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)         11.       Treasurer's Acceptance of Appointment (fill in the blan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (305) 815-5845                                                                                                                                 | Bullard4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Florida@gm                                                                                                                           | ail.com                                                    | i                                                                                        |                                                                                                                                |                                                                                                        |                                |                                                                                    |                    |
| My intent is to run as a Wirke-In candid         8. If a candidate for a partisan office, check block and fill in name of party as applicable:       My intent is to run as a         Write-In       No Party Affiliation       Democratic       Party candidate.         9. I have appointed the following person to act as my       Campaign Treasurer       Deputy Treasurer         Dwight Bullard       11. Mailing Address       12. Telephone       (305) 815-5845         13. City       14. County       15 State       16. Zip Code       17. E-mail address         Wainmi       Miami-Dade       FL       33157       sen. bullard@gmail.com         18. I have designated the following bank as my       Primary Depository       Secondary Depository         19. Name of Bank       20. Address         Suntrust       8820 SW 136th ST         21. City       22. County       23. State         Alami       Miami-Dade       FL         23. State       24. Zip Code         Alami       26. Signature affordiate         25. Date       2/4/L6       26. Signature affordiate         26. Signature affordiate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 6 Office sought (inc                                                                                                                           | ude district, circ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | uit. group num!                                                                                                                      | ber)                                                       |                                                                                          | 7. If a can                                                                                                                    | didate for a                                                                                           | nonparti                       | san office,                                                                        | check              |
| 8. If a candidate for a partisan office, check block and fill in name of party as applicable:       My intent is to run as a         Image: Strategy of the                            | Florida Senate Dis                                                                                                                             | strict 40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      |                                                            |                                                                                          | applica                                                                                                                        |                                                                                                        |                                | 141.5                                                                              |                    |
| Write-In       No Party Affiliation       Democratic       Party       candidate.         9. I have appointed the following person to act as my       Campaign Treasurer       Deputy Treasurer         10. Name of Treasurer or Deputy Treasurer       Deputy Treasurer       Deputy Treasurer         20wight Bullard       11. Mailing Address       12. Telephone         15900 SW 95 Ave #308       14. County       15 State       16. Zip Code       17. E-mail address         13. City       14. County       15 State       16. Zip Code       17. E-mail address         Wiami       Miami-Dade       FL       33157       sen.bullard@gmail.com         18. I have designated the following bank as my       Primary Depository       Secondary Depository         19. Name of Bank       20. Address         Suntrust       8820 SW 136th ST         21. City       22. County       23. State       24. Zip Code         Miami       Miami-Dade       FL       33176         UNDER PENALTES OF PERJURY, I DECLARE THAT HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER       26. Signature of conditals         25. Date       26. Signature of comparison of campaign Treasurer       . do hereby accept the appointment (fill in the blanks and check the appropriate block)         0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                      | _                                                          |                                                                                          |                                                                                                                                | My intent is                                                                                           | s to run as                    | a vvnte-in                                                                         | canoic             |
| 9. I have appointed the following parson to act as my       Campaign Treasurer       Deputy Treasurer         9. I have appointed the following parson to act as my       Campaign Treasurer       Deputy Treasurer         Dwight Bullard       11. Mailing Address       12. Telephone       (305) 815-5845         13. City       14. County       15 State       16. Zip Code       17. E-mail address         Miami       Miami-Dade       FL       33157       sen.bullard@gmail.com         18. I have designated the following bank as my       Primary Depository       Secondary Depository         19. Name of Bank       20. Address       8820 SW 136th ST         21. City       22. County       23. State       24. Zip Code         Miami       Miami-Dade       FL       33176         UNDER PENALTIES OF PERJURY, 1 DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER       26. Signature of andidals         25. Date       26. Signature of andidals       27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)         14.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 8. If a candidate for                                                                                                                          | a partisan office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | , check block                                                                                                                        | and fill                                                   | in name                                                                                  | of party as                                                                                                                    | applicable:                                                                                            | My inte                        | nt is to run                                                                       | as a               |
| 9. I have appointed the following person to act as my       Campaign Treasurer       Deputy Treasurer         10. Name of Treasurer or Deputy Treasurer       Dwight Bullard         11. Mailing Address       12. Telephone         13. Oxy       14. County       15 State       16. Zip Code       17. E-mail address         13. City       14. County       15 State       16. Zip Code       17. E-mail address         Miami       Miami-Dade       FL       33157       sen. bullard@gmail.com         18. I have designated the following bank as my       Primary Depository       Secondary Depository         19. Name of Bank       20. Address         Suntrust       8820 SW 136th ST         21. City       22. County       23. State       24. Zip Code         Miami-Dade       FL       33176         UNDER PENAL TIES OF PERJURY, 10 ECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER       DesiGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.         25 Date       2/9/1/6       26 Signature of ondidate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Write-In                                                                                                                                       | No Party Affilia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                      | Demo                                                       | cratic                                                                                   |                                                                                                                                |                                                                                                        | Par                            | ty cand                                                                            | etchi              |
| 10. Name of Treasurer or Deputy Treasurer         Dwight Bullard         11. Mailing Address         12. Telephone         13. Mailing Address         13. City         14. County         15. State         16. Zip Code         17. E-mail address         Miami         Miami-Dade         FL         33157         sen.bullard@gmail.com         18. I have designated the following bank as my         Primary Depository         19. Name of Bank         Suntrust         21. City         22. County         Miami         Miami-Dade         FL         23. State         24. Zip Code         Miami         Miami-Dade         FL         23. State         24. Zip Code         Miami         Miami-Dade         FL         23. State         24. Zip Code         Miami         Mami-Dade         FL         25. Date         26 Signature eremet for Appointment of CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.         25. Date <t< td=""><td></td><td>البي المداور البي المناكر بالبي كي</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                | البي المداور البي المناكر بالبي كي                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                      |                                                            |                                                                                          |                                                                                                                                |                                                                                                        |                                |                                                                                    |                    |
| Dwight Bullard         11. Mailing Address         15. Mailing Address         15. Mailing Address         13. City       14. County         15. State       16. Zip Code         17. E-mail address         Miami       Miami-Dade         FL       33157         sen. bullard@gmail.com         18. I have designated the following bank as my       Primary Depository         19. Name of Bank       20. Address         Suntrust       8820 SW 136th ST         21. City       22. County         Miami       Miami-Dade         Miami       Miami-Dade         V1. City       22. County         23. State       24. Zip Code         Miami       Miami-Dade         V1. City       22. County         Miami       Miami-Dade         V1. City       22. County         Miami       Miami-Dade         V2. City       23. State         Miami       Miami-Dade         V2. County       Campaign Therasurer         Miami       Miami-Dade         V2. County       Campaign Therasurer         Japation of Campaign Treasurer       Address         Japation of Campaign Treasurer <td></td> <td></td> <td></td> <td>s my</td> <td>Can</td> <td>ipaign Trea</td> <td>isurer</td> <td>Deputy</td> <td>Treasurer</td> <td></td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                      | s my                                                       | Can                                                                                      | ipaign Trea                                                                                                                    | isurer                                                                                                 | Deputy                         | Treasurer                                                                          |                    |
| 11. Mailing Address       12. Telephone         15900 SW 95 Ave #308       (305) 815-5845         13. City       14. County       15. State       16. Zip Code       17. E-mail address         Miami       Miami-Dade       FL       33157       sen.bullard@gmail.com         18. I have designated the following bank as my       Primary Depository       Secondary Depository         19. Name of Bank       20. Address         Suntrust       20. Address         21. City       22. County       23. State       24. Zip Code         Miami       Miami-Dade       FL       33176         UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.         25 Date       26 Signature of endidate         3/9/16       X       Quadress         designated above as:       Campaign Treasurer       Deputy Treasurer.         3/9/16       X       Quadress       dot hereby accept the appointment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                | er or Deputy Trea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | asurer                                                                                                                               |                                                            |                                                                                          |                                                                                                                                |                                                                                                        |                                |                                                                                    |                    |
| 15900 SW 95 Ave #308       ( 305 ) 815-5845         13. City       14. County       15. State       16. Zip Code       17. E-mail address         13. City       Miami-Dade       FL       33157       sen.bullard@gmail.com         18. I have designated the following bank as my       Primary Depository       Secondary Depository         19. Name of Bank       20. Address         Suntrust       20. Address         Suntrust       820 SW 136th ST         21. City       22. County       23. State         Aliami       Miami-Dade       FL         Junder PENALTIES of PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.         25 Date       26 Signature of andidale         3/9/16       X       Junce Penal Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)         M.       DulgHT       BullAKD       , do hereby accept the appointment (Please Print or Type Name)         designated above as:       Campaign Treasurer       Deputy Treasurer.         3/9/16       X       Duly Treasurer.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                      |                                                            |                                                                                          |                                                                                                                                |                                                                                                        | 12 Tolon                       | hano                                                                               |                    |
| 13. City       14. County       15. State       16. Zip Code       17. E-mail address         Miami       Miami-Dade       FL       33157       sen.bullard@gmail.com         18. I have designated the following bank as my       Primary Depository       Secondary Depository         19. Name of Bank       20. Address         Suntrust       20. Address         Suntrust       8820 SW 136th ST         21. City       22. County       23. State         74. City       22. County       23. State         24. Zip Code       33176         UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER         DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.         25 Date       26 Signature of ondidate         3/9/16       26 Signature of ondidate         Wiender       7. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)         1.           19. Paul AHT       Campaign Treasurer         19. Baul AHT       Campaign Treasurer         25. Date       26 Signature of ondidate         3/9/16       X       X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | •                                                                                                                                              | #308                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                      |                                                            |                                                                                          |                                                                                                                                |                                                                                                        |                                |                                                                                    |                    |
| Miami       Miami-Dade       FL       33157       sen.bullard@gmail.com         18. I have designated the following bank as my       Primary Depository       Secondary Depository         19. Name of Bank       20. Address         Sountrust       8820 SW 136th ST         21. City       22. County       23. State         Aliami       Miami-Dade       FL       33176         UNDER PENALTIES OF PERJURY, 1 DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER       26 Signature of endidate         25. Date       26 Signature of endidate         3/9//6       X.D.       Address         WIGHT       BuiltARD       , do hereby accept the appointment (fill in the blanks and check the appropriate block)         Miami-Date       X.D.          DWIGHT       BuiltARD          Acceptance of Appointment (fill in the blanks and check the appropriate block)               Besignated above as:       Campaign Treasurer       Deputy Treasurer.         3/9//6       X.D.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                      |                                                            |                                                                                          |                                                                                                                                |                                                                                                        | (305)                          | 815-584                                                                            | 5                  |
| 18. I have designated the following bank as my       Primary Depository       Secondary Depository         19. Name of Bank       20. Address         Suntrust       8820 SW 136th ST         21. City       22. County         Miami       Miami-Dade         PL       33176         UNDER PENALTIES OF PERJURY, 1 DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.         25. Date       26. Signature of andidate         3/9//6       X         WIGHT       BullARD         (Please Print or Type Name)       . do hereby accept the appointment (fill in the source)         (Please Print or Type Name)       Deputy Treasurer.         3/9//6       X       X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ······                                                                                                                               | 1 4 5 0.                                                   | 1 10                                                                                     | 7. 0 1.                                                                                                                        | 1 A TO 10 - 11                                                                                         |                                |                                                                                    | 5                  |
| 19. Name of Bank       20. Address         Suntrust       8820 SW 136th ST         21. City       22. County       23. State       24. Zip Code         Miami       Miami-Dade       FL       33176         under Penal Ties of Perjury, I declare that I have read the foregoing Form For appointment of Campaign Treasurer besignation of campaign depository and that the facts stated in it are true.       26 Signature of andidate         25 Date       26 Signature of andidate       27.         Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)       , do hereby accept the appointment         (Please Print or Type Name)       Gampaign Treasurer       Deputy Treasurer.         3/9/16       X       With Your Superior                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | waana                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                                                                                                                    | <ul> <li>20</li> <li>30</li> <li>30</li> </ul>             |                                                                                          |                                                                                                                                |                                                                                                        |                                | <del>~ •</del>                                                                     | 5                  |
| Suntrust     8820 SW 136th ST       21. City     22. County     23. State     24. Zip Code       Miami     Miami-Dade     FL     33176       UNDER PENALTIES OF PERJURY, 1 DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER<br>DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.     25 Date     26 Signature of Andidate       25 Date     26 Signature of Appointment (fill in the blanks and check the appropriate block)         27.     Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                | Miami-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Dade                                                                                                                                 | <ul> <li>20</li> <li>30</li> <li>30</li> </ul>             | 331                                                                                      | 57                                                                                                                             | sen.bullar                                                                                             | rd@gma                         | il.com                                                                             |                    |
| 21. City       22. County       23. State       24. Zip Code         Miami       Miami-Dade       FL       33176         UNDER PENALTIES OF PERJURY, 1 DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.       25 Date       26 Signature of Condidate         25 Date       26 Signature of Condidate       27.       Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)         27.       Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)       , do hereby accept the appointment         26. $DulGHT$ $BullARD$ , do hereby accept the appointment         (Please Print or Type Name)       Campaign Treasurer       Deputy Treasurer. $3/9/16$ X       To Miami                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 18. I have designate                                                                                                                           | Miami-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Dade                                                                                                                                 | <ul> <li>20</li> <li>30</li> <li>30</li> </ul>             | 331<br>] Prima                                                                           | 57<br>y Deposito                                                                                                               | sen.bullar                                                                                             | rd@gma                         | il.com                                                                             |                    |
| Miami       Miami-Dade       FL       33176         UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.       26 Signature of andidate         25 Date       26 Signature of andidate       26 Signature of andidate         27.       Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)         1.       DwigHT BuilARD<br>(Please Print or Type Name)       , do hereby accept the appointment         designated above as:       X       X       W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 18. I have designate<br>19. Name of Bank                                                                                                       | Miami-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Dade                                                                                                                                 | FL                                                         | 331<br>Prima<br>20. Addre                                                                | 57<br>y Deposito<br>ss                                                                                                         | sen.bullar<br>ry                                                                                       | rd@gma                         | il.com                                                                             |                    |
| UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER<br>DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.<br>25 Date<br>3/9/16<br>26 Signature of endidate<br>27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)<br>1. $Dw1GHT$ BullAKD<br>(Please Print or Type Name)<br>designated above as:<br>3/9/16<br>Campaign Treasurer<br>3/9/16<br>X To WIGHT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 18. I have designate<br>19. Name of Bank<br>Suntrust                                                                                           | Miami-<br>d the following                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Dade<br>bank as my                                                                                                                   | FL                                                         | 331<br>Prima<br>20. Addre                                                                | 57<br>y Deposito<br>iss<br>/ 136th S                                                                                           | sen.bullar<br>ry                                                                                       | rd@gma<br>Secondar             | il.com<br>y Deposito                                                               | ry                 |
| DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.<br>25 Date<br>26 Signature of endidate<br>27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)<br>1. Dwight Builder<br>(Please Print or Type Name)<br>designated above as:<br>3/9/16<br>X To Wight Campaign Treasurer<br>3/9/16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 18. I have designate<br>19. Name of Bank<br>Suntrust<br>21. City                                                                               | Miami-<br>d the following                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Dade<br>bank as my<br>22. County                                                                                                     | FL                                                         | 331<br>Prima<br>20. Addre                                                                | 57<br>y Deposito<br>ss<br>/ 136th S<br>23. State                                                                               | sen.bullar<br>ry                                                                                       | rd@gma<br>Secondar             | il.com<br>y Deposito<br>24. Zip Co                                                 | ry                 |
| 25 Date<br>3/9/16 26 Signature of Condidate<br>27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)<br>1. $Dwight BullAk0$ , do hereby accept the appointment<br>(Please Print or Type Name)<br>designated above as:<br>3/9/16 Campaign Treasurer<br>3/9/16 Campaign Treasurer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 18. I have designate<br>19. Name of Bank<br>Suntrust<br>21. City<br>Miami                                                                      | Miami-I<br>ed the following<br>2<br>N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Dade<br>bank as my<br>22. County<br>fiami-Dade                                                                                       | FL<br>[                                                    | 331<br>] Prima<br>20. Addre<br>8820 SV                                                   | 57<br>y Deposito<br>ss<br>/ 136th S<br>23. State<br>FL                                                                         | sen.bullar<br>ry 🗌<br>T                                                                                | rd@gma<br>Secondar             | il.com<br>y Deposito<br>24. Zip Co<br>33176                                        | ry<br>de           |
| $\frac{3/9/16}{27.}$ Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)<br>$\frac{Dw1GHT}{(Please Print or Type Name)}$ designated above as:<br>$\frac{3/9/16}{X}$ Campaign Treasurer<br>$\frac{3/9/16}{X}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 18. I have designate<br>19. Name of Bank<br>Suntrust<br>21. City<br>Miami                                                                      | Miami-<br>ed the following<br>2<br>N<br>PERJURY, I DECLAS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Dade<br>bank as my<br>22. County<br>fiami-Dade                                                                                       | FL<br>FL                                                   | 331<br>Prima<br>20. Addre<br>8820 SV                                                     | 57<br>y Deposito<br>ss<br>/ 136th S<br>23. State<br>FL<br>NG FORM FO                                                           | sen.bullar<br>ry<br>T<br>R APPOINTME                                                                   | rd@gma<br>Secondar             | il.com<br>y Deposito<br>24. Zip Co<br>33176                                        | ry<br>de           |
| $\frac{Dw1GHT}{(Please Print or Type Name)}, do hereby accept the appointment(Please Print or Type Name)designated above as:\frac{3}{9}/16 X T U U U U U U U U U U U U U U U U U U $                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 18. I have designate<br>19. Name of Bank<br>Suntrust<br>21. City<br>Miami<br>UNDER PENALTIES OF F                                              | Miami-<br>ed the following<br>2<br>N<br>PERJURY, I DECLAS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Dade<br>bank as my<br>22. County<br>fiami-Dade                                                                                       | FL<br>FL                                                   | 331<br>Prima<br>20. Addre<br>8820 SV                                                     | 57<br>y Deposito<br>iss<br>/ 136th S<br>23. State<br>FL<br>iG FORM FO<br>THE FACTS                                             | R APPOINTME                                                                                            | rd@gma<br>Secondar             | il.com<br>y Deposito<br>24. Zip Co<br>33176                                        | ry<br>de           |
| (Please Print or Type Name)<br>designated above as: X Campaign Treasurer Deputy Treasurer.<br>3/9/16 X To AUA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 18. I have designate<br>19. Name of Bank<br>Suntrust<br>21. City<br>Miami<br>UNDER PENALTIES OF F<br>25. Date                                  | Miami-<br>ed the following<br>2<br>N<br>PERJURY, 1 DECLAS<br>DESIGNATION OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Dade<br>bank as my<br>22. County<br>fiami-Dade                                                                                       | FL<br>FL                                                   | 331<br>Prima<br>20. Addre<br>8820 SV                                                     | 57<br>y Deposito<br>iss<br>/ 136th S<br>23. State<br>FL<br>iG FORM FO<br>THE FACTS                                             | R APPOINTME                                                                                            | rd@gma<br>Secondar             | il.com<br>y Deposito<br>24. Zip Co<br>33176                                        | ry<br>de           |
| designated above as: X Campaign Treasurer Deputy Treasurer.<br>3/9/16 X To Campaign Treasurer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 18. I have designate<br>19. Name of Bank<br>Suntrust<br>21. City<br>Miami<br>UNDER PENALTIES OF F<br>25. Date<br>3/9/1                         | Miami-<br>ed the following<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Dade<br>bank as my<br>22. County<br>fiami-Dade<br>RE THAT I HAVE I<br>CAMPAIGN DEP                                                   | FL<br>READ THE                                             | 331<br>Prima<br>20. Addre<br>8820 SV<br>FOREGOII<br>AND THAT<br>26 Signa                 | 57<br>y Deposito<br>iss<br>/ 136th S<br>23. State<br>FL<br>IG FORM FO<br>THE FACTS<br>ture of Con-                             | R APPOINTME<br>STATED IN IT                                                                            | rd@gma<br>Secondar             | il.com<br>y Deposito<br>24. Zip Co<br>33176<br>IPAIGN TREA                         | ry<br>de           |
| 3/9/16 X 75 201                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 18. I have designate<br>19. Name of Bank<br>Suntrust<br>21. City<br>Miami<br>UNDER PENALTIES OF F<br>25. Date<br>3/9/1<br>27. Tre              | Miami-<br>ed the following<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Dade<br>bank as my<br>22. County<br>fiami-Dade<br>RE THAT I HAVE I<br>CAMPAIGN DEP                                                   | FL<br>READ THE<br>POSITORY                                 | 331<br>Prima<br>20. Addre<br>8820 SV<br>FOREGOII<br>AND THAT<br>26 Signa                 | 57<br>y Deposito<br>iss<br>/ 136th S<br>23. State<br>FL<br>IG FORM FO<br>THE FACTS<br>ture of Con-                             | sen.bullar<br>ry                                                                                       | rd@gma<br>Secondar             | il.com<br>y Deposito<br>24. Zip Co<br>33176<br>IPAIGN TREA                         | de<br>ASURER       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 18. I have designate<br>19. Name of Bank<br>Suntrust<br>21. City<br>Miami<br>UNDER PENALTIES OF F<br>25. Date<br>3/9/1<br>27. Tre<br>1. Dwight | Miami-<br>ed the following<br>2<br>N<br>PERJURY, 1 DECLAF<br>DESIGNATION OF<br>16<br>Pasurer's Accept<br>C<br>BullAKD<br>(Please                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Dade<br>bank as my<br>22. County<br>fiami-Dade<br>RE THAT I HAVE I<br>CAMPAIGN DEP<br>tance of Appo<br>Print or Type N               | FL<br>READ THE<br>POSITORY<br>intment<br>Vame)             | 331<br>Prima<br>20. Addre<br>8820 SV<br>FOREGOII<br>AND THAT<br>26 Signa<br>(fill in the | 57<br>y Deposito<br>ess<br>/ 136th S<br>23. State<br>FL<br>IG FORM FO<br>THE FACTS<br>ture of the<br>blanks and                | sen.bullar<br>ry<br>T<br>R APPOINTME<br>STATED IN IT<br>didate<br>check the a<br>, do here             | rd@gma<br>Secondar             | il.com<br>y Deposito<br>24. Zip Co<br>33176<br>IPAIGN TREA                         | de<br>ASURER       |
| / L Date Signature of Campaign Treasurer or Deputy Treasurer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 18. I have designate<br>19. Name of Bank<br>Suntrust<br>21. City<br>Miami<br>UNDER PENALTIES OF F<br>25. Date<br>3/9/1<br>27. Tre              | Miami-<br>ed the following<br>2<br>N<br>PERJURY, 1 DECLAF<br>DESIGNATION OF<br>16<br>Pasurer's Accept<br>C<br>BullAKD<br>(Please                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Dade<br>bank as my<br>22. County<br>flami-Dade<br>RE THAT I HAVE I<br>CAMPAIGN DEP<br>tance of Appo<br>Print or Type N<br>Campaign T | FL<br>READ THE<br>POSITORY<br>intment<br>Vame)<br>reasurer | 331<br>Prima<br>20. Addre<br>8820 SV<br>FOREGOII<br>AND THAT<br>26 Signa<br>(fill in the | 57<br>y Deposito<br>ess<br>/ 136th S<br>23. State<br>FL<br>IG FORM FO<br>THE FACTS<br>ture of the<br>blanks and                | sen.bullar<br>ry<br>T<br>R APPOINTME<br>STATED IN IT<br>didate<br>check the a<br>, do here             | rd@gma<br>Secondar             | il.com<br>y Deposito<br>24. Zip Co<br>33176<br>IPAIGN TREA                         | ry<br>de<br>ASURER |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 18. I have designate<br>19. Name of Bank<br>Suntrust<br>21. City<br>Miami<br>UNDER PENALTIES OF F<br>25. Date<br>3/9/1<br>27. Tre<br>1. Dwight | Miami-<br>d the following<br>2<br>N<br>PERJURY, I DECLAF<br>DESIGNATION OF<br>1<br>2<br>N<br>PERJURY, I DECLAF<br>DESIGNATION OF<br>1<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2<br>N<br>2 | Dade<br>bank as my<br>22. County<br>flami-Dade<br>RE THAT I HAVE I<br>CAMPAIGN DEP<br>tance of Appo<br>Print or Type N<br>Campaign T | READ THE<br>POSITORY<br>intment<br>Vame)<br>reasurer       | 331<br>Prima<br>20. Addre<br>8820 SV<br>FOREGOIL<br>AND THAT<br>26 Signa<br>(fill in the | 57<br>y Deposito<br>iss<br>/ 136th S<br>23. State<br>FL<br>IG FORM FO<br>THE FACTS<br>ture of Con-<br>blanks and<br>Deputy Tre | sen.bullar<br>ry<br>T<br>R APPOINTME<br>STATED IN IT<br>ididate<br>check the a<br>, do here<br>asurer. | rd@gma<br>Secondar<br>Secondar | il.com<br>y Deposito<br>24. Zip Co<br>33176<br>IPAIGN TREA<br>block)<br>the appoin | ry<br>de<br>ASURER |

| HAN                                                                                                                                                                                                               | D DELIVERED                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| STATEMENT OF<br>CANDIDATE<br>(Section 106.023, F.S.)<br>(Please print or type)                                                                                                                                    | OFFICE USE ONLY<br>DEPARTOR OF STATE<br>2016 MAR 10 AM 9: 11<br>MY, SIGN OF ELECTIONS<br>AL AHASEEE. FL |
| 1. Dwight Bullard                                                                                                                                                                                                 | ,                                                                                                       |
| candidate for the office of Florida                                                                                                                                                                               | Senator District 40                                                                                     |
| have been provided access to read ar                                                                                                                                                                              | nd understand the requirements of                                                                       |
| Chapter 106, Florida Statutes.                                                                                                                                                                                    |                                                                                                         |
| X To Add<br>Signature of Candidate                                                                                                                                                                                | 3/1/16<br>Date                                                                                          |
| Each candidate must file a statement with t<br>Appointment of Campaign Treasurer and Desig<br>failure to file this form is a first degree misde<br>Financing Act which may result in a fine of up t<br>Statutes). | gnation of Campaign Depository is filed. Willful<br>emeanor and a civil violation of the Campaign       |

x <sup>1</sup>



FLORIDA DEPARTMENT OF STATE Ken Detzner Secretary of State DIVISION OF ELECTIONS

January 14, 2016

Dwight Bullard Post Office Box 160156 Miami, FL 33116

Re: CAN 60314

Dear Senator Bullard:

The Division of Elections has determined that one or more campaign reports are incomplete for the reasons noted in the attached error report.

Pursuant to Section 106.07(2), Florida Statutes, you have 7 days from receipt of this notice to file an amended report to correct errors or provide missing information. If the information has been reported accurately, provide a written explanation to the Division addressing the issue noted in the error report. Please be advised that failure to supply this information within the time allowed may constitute a violation of Chapter 106, Florida Statutes.

If you need assistance in filing an amendment, please contact the Division's help line at (850) 245-6280.

Sincerely, into Reid D

Kristi Reid Bronson Chief, Bureau of Election Records

Attachment

| 2016          |                                                                                                     | Fiorida ()                                                                                                                                                                                                                                                                                                                             | epartment of State - Divisio                                                                                                                                                                                                                                                                                                                              | n of Elections                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Page 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|               |                                                                                                     |                                                                                                                                                                                                                                                                                                                                        | Error Report                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| didate: Dv    | vight Bullard                                                                                       |                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Office:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| eport: 20     | 15 M12 (31) Cov                                                                                     | ering Period: 12/1/15 - 12                                                                                                                                                                                                                                                                                                             | 2/31/15                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Account:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 60314                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| utions        |                                                                                                     | Contributor                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Contributi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | оп                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| og Date       | Name                                                                                                | Address                                                                                                                                                                                                                                                                                                                                | City/State/Zip                                                                                                                                                                                                                                                                                                                                            | <u>Type</u> Oce                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Amount InKind Descrip Amend                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 1 01/04/1     | 6 SOUTHERN GARDENS CITRI<br>NURSERY, LLC                                                            | JS 111 PONCE DE LEON AVE                                                                                                                                                                                                                                                                                                               | CLEWISTON, FL 3-3440                                                                                                                                                                                                                                                                                                                                      | B AGRIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | CULTURE CHE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$500.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|               | *The Transaction Date                                                                               | a is Either Before Or After The R                                                                                                                                                                                                                                                                                                      | eport Coverage Period                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|               |                                                                                                     |                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| iu <b>res</b> |                                                                                                     |                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Date          | <u>Name</u>                                                                                         | Address                                                                                                                                                                                                                                                                                                                                | City/State/Zip                                                                                                                                                                                                                                                                                                                                            | Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Expenditure Purpos                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u>e Amount Amend</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 12/11/12      | FEDEX                                                                                               | 8603 S DIXIE HWY                                                                                                                                                                                                                                                                                                                       | MIAMI, FL 3-3156                                                                                                                                                                                                                                                                                                                                          | MON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | POSTAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$37.44                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|               | *The Transaction Date Is                                                                            | Either Before Or After The Repo                                                                                                                                                                                                                                                                                                        | rt Coverage Period                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 12/16/16      | USPS                                                                                                | 10360 SW 186TH ST                                                                                                                                                                                                                                                                                                                      | MIAMI FL 3-3197                                                                                                                                                                                                                                                                                                                                           | MON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | POSTAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$37.95                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|               | *The Transaction Date Is                                                                            | Either Before Or After The Repo                                                                                                                                                                                                                                                                                                        | rt Coverage Period                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 12/18/16      | KMART                                                                                               | 20505 \$ DIXIE HWY                                                                                                                                                                                                                                                                                                                     | CUTLER BAY, FL 3-3189                                                                                                                                                                                                                                                                                                                                     | MON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | SUPPLIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$59.23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|               | *The Transaction Date Is                                                                            | Either Before Or After The Repo                                                                                                                                                                                                                                                                                                        | rt Coverage Period                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 12/29/16      | VARIETY ENTERTAINMENT                                                                               | 3020 1 PROSPERITY CHURCH RD                                                                                                                                                                                                                                                                                                            | CHARLOTTE NC 2-8269                                                                                                                                                                                                                                                                                                                                       | MON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | EVENT SPONSORSHIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$521.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| MIN 50        | *The Transaction Date Is                                                                            | Either Before Or After The Repo                                                                                                                                                                                                                                                                                                        | rt Coverage Period                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|               | didate: Dv<br>eport: 20<br>utions<br>eq Date<br>1 01/04/1<br>ftures<br>Date<br>12/11/12<br>12/16/16 | didate: Dwight Bullard<br>report: 2015 M12 (31) Cov<br>utions<br>eq Date Name<br>1 01/04/16 SOUTHERN GARDENS CITRE<br>NURSERY. LLC<br>*The Transaction Date<br>12/11/12 FEDEX<br>*The Transaction Date Is<br>12/16/16 USPS<br>*The Transaction Date Is<br>12/18/16 KMART<br>*The Transaction Date Is<br>12/18/16 VARIETY ENTERTAINMENT | didate: Dwight Bullard         teport: 2015 M12 (31)       Covering Period: 12/1/15 - 12         utions       - C o n t r i b u t o r         eq       Date       Name         1       01/04/16       SOUTHERN GARDENS CITRUS       111 PONCE DE LEON AVE         NURSERY, LLC       *The Transaction Date Is Either Before Or After The R         ftures | Line of bolan chain of bolan       Line of bolan chain of bolan         Line of bolan chain of bolan       Line of bolan         Line of bolan       Line of bolan <td>Dwight Bullard          Dwight Bullard          Down and an analysis       Covering Period:       12/11/15 - 12/31/15          Name       Address       City/State/Zip       Type       Occ         at a didate state       Name       Address       City/State/Zip       Type       Occ         at a didate state       Southern Gardens Citrus       111 PONCE DE LEON AVE       CLEWISTON, FL       33440       B       AGRic         at a didate state       The Transaction Date Is Either Before Or After The Report Coverage Period       Type       Occ         Mame       Address       City/State/Zip       Type       Occ         atter the Transaction Date Is Either Before Or After The Report Coverage Period       MON       *The Transaction Date Is Either Before Or After The Report Coverage Period       MON         12/16/16       USP5       10360 SW 186TH IST       MIAMI FL       3-3169       MON         12/18/16       KMART       2050 S S DIXE HWY       CUTLER BAY, FL       3-3169       MON         12/18/16       KMART       2050 S S DIXE HWY       CUTLER BAY,</td> <td>Internet of basic of ba</td> | Dwight Bullard          Dwight Bullard          Down and an analysis       Covering Period:       12/11/15 - 12/31/15          Name       Address       City/State/Zip       Type       Occ         at a didate state       Name       Address       City/State/Zip       Type       Occ         at a didate state       Southern Gardens Citrus       111 PONCE DE LEON AVE       CLEWISTON, FL       33440       B       AGRic         at a didate state       The Transaction Date Is Either Before Or After The Report Coverage Period       Type       Occ         Mame       Address       City/State/Zip       Type       Occ         atter the Transaction Date Is Either Before Or After The Report Coverage Period       MON       *The Transaction Date Is Either Before Or After The Report Coverage Period       MON         12/16/16       USP5       10360 SW 186TH IST       MIAMI FL       3-3169       MON         12/18/16       KMART       2050 S S DIXE HWY       CUTLER BAY, FL       3-3169       MON         12/18/16       KMART       2050 S S DIXE HWY       CUTLER BAY, | Internet of basic of ba |

.

.

and Transfers

ther Distributions



### FLORIDA DEPARTMENT OF STATE Ken Detzner Secretary of State DIVISION OF ELECTIONS

Second Notice

February 2, 2016

Dwight Bullard Post Office Box 160156 Miami, FL 33116

Re: CAN 60314

Dear Senator Bullard:

On January 14, 2016, you were advised that one or more of your campaign treasurer 's reports were incomplete and that you had 7 days to provide the requested information.

In response to our notice, you have requested additional time to gather the information necessary to properly amend your report. The Division has noted your records to reflect this request.

You have an additional 14 days to provide the information requested. If the information requested in our prior notice is not received within 14 days of the date of this letter, we will refer this matter to the Florida Elections Commission.

Sincerely,

Kristi Reid Bronson, Chief Bureau of Election Records

Attachment

| 2/2/21                                              | 016            |                                          | Florida D                         | lepartment of State - Divisio | /ision of Elections |               |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |       |
|-----------------------------------------------------|----------------|------------------------------------------|-----------------------------------|-------------------------------|---------------------|---------------|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
|                                                     |                |                                          |                                   | Errer Report                  |                     |               |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |       |
| Can                                                 | didate: Di     | wight Bullard                            | 0.051 488                         |                               |                     |               | Office: S  | TS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       |
| Report: 2015 M12 (31) Covering Period: 12/1/15 - 12 |                |                                          | 2/31/15                           |                               | A                   | ccount: 6     | 0314       | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |
| antri                                               | outions        |                                          | Contributor                       |                               |                     | Cont          | ributio    | η                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |
| S                                                   | eq Date        | Name                                     | Address                           | City/State/Zip                | Туре                | Occupation    | Type       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Amend |
|                                                     | 1 01/04/       | 16 SOUTHERN GARDENS CITE<br>NURSERY, LLC | III PONCE DE LEON AVE             | CLEWISTON, FL 3-3440          | в                   | AGRICULTURE   | CHE        | \$500.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       |
|                                                     |                | *The Transaction Dat                     | e Is Either Before Or After The R | eport Coverage Period         |                     |               |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |       |
|                                                     |                |                                          |                                   |                               |                     |               |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |       |
| xpand                                               | <b>itur 88</b> |                                          |                                   |                               |                     |               |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |       |
| Seq                                                 | Date           | Name                                     | Address                           | City/State/Zip                | Тур                 | e Expenditu   | re Purpose | Amount Amend                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1     |
| 3                                                   | 12/11/12       | FEDEX                                    | 8603 S DIXIE HWY                  | MIAMI, FL 3-3156              | MO                  | N POSTAGE     |            | \$37.44                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |       |
|                                                     |                | *The Transaction Date Is                 | Either Before Or After The Repo   | rt Coverage Period            |                     |               |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |       |
| 6                                                   | 12/16/16       | USPS                                     | 10360 SW 186TH ST                 | MIAMI, FL 3-3197              | MO                  | POSTAGE       |            | \$37 95                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |       |
|                                                     |                | *The Transaction Date Is                 | Either Before Or After The Repo   | rt Coverage Period            |                     |               |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |       |
| 7                                                   | 12/18/16       | KMART                                    | 20505 S DIXIE HWY                 | CUTLER BAY, FL 3-3189         | <br>MO              | N SUPPLIES    |            | \$59.23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2     |
|                                                     |                | *The Transaction Date Is                 | Either Before Or After The Repo   | rt Coverage Period            |                     |               |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |       |
| 14                                                  | 12/29/16       |                                          | 3020 I PROSPERITY CHURCH RD       | CHARLOTTE, NC 2-8269          | <br>MO              | N EVENT SPONS | ORSHIP     | \$521.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | * a   |
|                                                     |                | *The Transaction Date Is                 | Either Before Or After The Repo   | rt Coverage Period            |                     |               |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |       |
|                                                     |                |                                          |                                   |                               |                     |               |            | terrer and the second sec | -     |

### Fund Transfers

Other Distributions



FLORIDA DEPARTMENT OF STATE Ken Detzner

Secretary of State **DIVISION OF ELECTIONS** 

FINAL NOTICE

**Delivery Confirmation:** 

USPS TRACKING # 9114 9999 4431 3834 3659 39 & CUSTOMER RECEIPT For Tracking or Inquiries Do to USPS.com or call 1-800-222-1811.

February 17, 2016

Dwight Bullard Post Office Box 160156 Miami, FL 33116

Re: CAN 60314

Dear Senator Bullard:

You have previously been advised that one or more campaign treasurer's reports are incomplete for the reasons noted in the attached error report.

Pursuant to Section 106.07(2), Florida Statutes, you have 7 days from receipt of this letter to correct errors or provide missing information. If the information has been reported accurately, you must provide a written explanation to the Division addressing the issue noted in the error report. Please be advised that if you fail to comply with this request, the Division will forward this matter to the Florida Elections Commission for further action. Section 106.265(1), Florida Statutes, authorizes the Florida Elections Commission to impose civil penalties of up to \$1,000 per violation.

If you need assistance in filing an amendment, please contact the Division's help line at (850) 245-6280.

Sincerely,

Kristi Reid Bronson Chief, Bureau of Election Records

Attachment

| 2/17/2   | 2016                       |                          | Fiorida D                         | epartment of State - Divisi           | on of Elections |                     |                                   | Page 1 |
|----------|----------------------------|--------------------------|-----------------------------------|---------------------------------------|-----------------|---------------------|-----------------------------------|--------|
|          |                            |                          |                                   | Error Report                          |                 |                     |                                   | ~      |
| Can      | didate: D                  | wight Bullard            |                                   |                                       |                 | Office: S           | TS                                |        |
| R        | eport: 20                  | 015 M12 (31) Cov         | ering Period: 12/1/15 - 12        | 2/31/15                               |                 | Account: 60         | 0314                              |        |
| atri     | ntions                     |                          | Contributor                       |                                       |                 | Contributio         | n                                 |        |
| <u>S</u> | eg <u>Date</u><br>1 01/04/ |                          | Address                           | City/State/Zip<br>CLEWISTON FL 3-3440 |                 | CUPATION Type       | Amount InKind Descrip<br>\$500.00 | Amend  |
|          |                            | *The Transaction Dat     | e Is Either Before Or After The R | eport Coverage Period                 |                 |                     |                                   |        |
| pend     | itures                     |                          |                                   |                                       |                 |                     |                                   |        |
| ieq      | Date                       | Name                     | Address                           | City/State/Zip                        | Түре            | Expenditure Purpose | Amount Amend                      | 1      |
| 3        | 12/11/12                   | FEDEX                    | 8603 S DIXIE HWY                  | MIAMI, FL 3-3156                      | MON             | POSTAGE             | \$37.44                           |        |
|          |                            | *The Transaction Date (s | Either Before Or After The Repo   | rt Coverage Period                    |                 |                     |                                   |        |
| 6        | 12/16/16                   | U\$P\$                   | 10360 SW 1867H ST                 | MIAMI, FL 3-3197                      | MON             | POSTAGE             | \$37.95                           |        |
|          |                            | *The Transaction Date Is | Either Before Or After The Repo   | rt Coverage Period                    |                 |                     |                                   |        |
| 7        | 12/18/16                   | KMART                    | 20505 S DIXIE HWY                 | CUTLER BAY, FL 3-3189                 | MON             | SUPPLIES            | \$59.23                           |        |
| ·        |                            | *The Transaction Date Is | Either Before Or After The Repo   | rt Coverage Period                    |                 |                     |                                   |        |
| 14       | 12/29/16                   | VARIE TY ENTERTAINMENT   | 3020 I PROSPERITY CHURCH RD       | CHARLOTTE, NC 2-8269                  | MON             |                     | \$521.00                          |        |
|          |                            | *The Transaction Date Is | Either Before Or After The Repo   | rt Coverage Period                    |                 |                     | <u>_</u>                          |        |

### und Transfers

ther Distributions

| US. | PS.com® - USPS Tr<br>•                                   | racking®                                | 0                                 | Page 1 of 2 |                                                           |
|-----|----------------------------------------------------------|-----------------------------------------|-----------------------------------|-------------|-----------------------------------------------------------|
|     | English Customer Serv                                    | ice USPS Mobile                         |                                   |             | Register / Sign In                                        |
|     |                                                          |                                         |                                   |             |                                                           |
| U   | ISPS Tracking                                            | ®                                       |                                   |             | Customer Service ›<br>Have questions? We're here to help. |
|     |                                                          |                                         |                                   | to the      | Get Easy Tracking Updates ›<br>Sign up for My USPS.       |
|     | Tracking Number: 91149999<br>Jpdated Delivery Day: Satur |                                         |                                   |             |                                                           |
| Ρ   | roduct & Tracking                                        | Information                             |                                   | Availa      | able Actions                                              |
| Po  | stal Product:                                            | Features:<br>USPS Tracking <sup>®</sup> |                                   |             |                                                           |
|     | DATE & TIME                                              | STATUS OF ITEM                          | LOCATION                          |             |                                                           |
|     | February 20, 2016 , 12:31<br>pm                          | Delivered, PO Box                       | MIAMI, FL 33116                   |             |                                                           |
|     | Your item has been delivered an FL 33116.                | d is available at a PO Box at 12:31     | pm on February 20, 2016 in MIAMI, |             |                                                           |
|     | February 20, 2016 , 8:51 am                              | Out for Delivery                        | MIAMI, FL 33116                   |             |                                                           |
|     | February 20, 2016 , 8:41 am                              | Sorting Complete                        | MIAMI, FL 33116                   |             |                                                           |
|     | February 20, 2016 , 7:59 am                              | Arrived at Post Office                  | MIAMI, FL 33116                   |             |                                                           |
|     |                                                          |                                         |                                   |             |                                                           |

### Track Another Package

Tracking (or receipt) number

February 19, 2016 , 8:35 pm

February 18, 2016, 8:56 pm

Track It

OPA LOCKA, FL 33054

TALLAHASSEE, FL 32301

### Manage Incoming Packages

Track all your packages from a dashboard. No tracking numbers necessary.

Sign up for My USPS >

次

HELPFUL LINKS Contact Us Site Index FAQs ON ABOUT.USPS.COM About USPS Home Newsroom USPS Service Updates Forms & Publications Government Services Careers

Arrived at USPS Facility

Arrived at USPS Facility

OTHER USPS SITES Business Customer Gateway Postal Inspectors Inspector General Postal Explorer National Postal Museum Resources for Developers LEGAL INFORMATION Privacy Policy Terms of Use FOIA No FEAR Act EEO Dala

Copyright © 2016 USPS. All Rights Reserved



### FLORIDA DEPARTMENT OF STATE Ken Detzner Secretary of State

**DIVISION OF ELECTIONS** 

February 8, 2016

Dwight Bullard Post Office Box 160156 Miami, FL 33116

Re: CAN 60314

Dear Senator Bullard:

The Division of Elections has determined that one or more campaign reports are incomplete for the reasons noted in the attached error report.

Pursuant to Section 106.07(2), Florida Statutes, you have 7 days from receipt of this notice to file an amended report to correct errors or provide missing information. If the information has been reported accurately, provide a written explanation to the Division addressing the issue noted in the error report. Please be advised that failure to supply this information within the time allowed may constitute a violation of Chapter 106, Florida Statutes.

If you need assistance in filing an amendment, please contact the Division's help line at (850) 245-6280.

Sincerely,

Kristi Reid Bronson Chief, Bureau of Election Records

Attachment

| 2/8/2016            | Horida Department of State                                       | - Division of Elections |                                                   |                 | Page 1        |
|---------------------|------------------------------------------------------------------|-------------------------|---------------------------------------------------|-----------------|---------------|
|                     | Compliance                                                       | e Report                |                                                   |                 |               |
| Candidate: Dwight B | ullard                                                           |                         | Office: ST                                        | S               |               |
| Report: 2013 Q1     | (1) Covering Period: 2/22/13 - 3/31/13                           |                         | Account: 603                                      | 14              |               |
| eral                |                                                                  |                         |                                                   |                 |               |
| atributions         |                                                                  |                         | Contrib                                           | ution           |               |
| Statute FAC         | Description                                                      | Seq Date                | Name <u>Ci</u>                                    |                 | Amount        |
| 1S-2.017 F          | Incorrect contributor type                                       | 2 3/1/2013              | FEA ADVOCACY FUND                                 | CHE             | \$500.00      |
| penditures          |                                                                  |                         |                                                   |                 |               |
| nd Transfers        |                                                                  |                         |                                                   |                 |               |
| ther Distributions  |                                                                  |                         |                                                   |                 |               |
| Report: 2014 M2     | (8) Covering Period: 2/1/14 - 2/28/14                            |                         | Account: 603                                      | 14              |               |
| vəral               |                                                                  |                         |                                                   |                 |               |
| ontributions        |                                                                  |                         |                                                   |                 |               |
| (penditures         |                                                                  |                         | Expend                                            |                 |               |
| Statute FAC         | Description                                                      | Seq Date                |                                                   | ity <u>Type</u> | <u>Amount</u> |
| 106.011(4)          | Expenditure not made to influence result of candidate's election | 1 2/18/2014             | FLORIDA CONFERENCE OF BLACK<br>STATE I FGISLATORS | MON             | \$500.00      |
| 106.011(4)          | Expenditure not made to influence result of candidate's election | 2 2/27/2014             | DELTA SIGMA THETA SORORITY                        | MON             | \$150.00      |
| and Transfors       |                                                                  |                         |                                                   |                 |               |
| ther Distributions  |                                                                  |                         |                                                   |                 |               |
| Report: 2014 M8     | (14) Covering Period: 8/1/14 - 8/31/14                           |                         | Account: 603                                      |                 |               |
|                     |                                                                  |                         |                                                   |                 |               |
| ontributions        |                                                                  |                         |                                                   |                 |               |
| xpenditures         |                                                                  |                         | Expend                                            | iture           |               |
| Statute FAC         | Description                                                      | Seq Date                | Name C                                            | ity <u>Type</u> | Amount        |
| 106 011(4)          | Expenditure not made to influence result of candidate's election | 1 8/14/2014             | PRICELINE COM                                     | MON             | \$887.00      |
| 106.011(4)          | Expenditure not made to influence result of candidate's election | 3 8/5/2014              | HOPE FOR L Y F E CHARITY                          | MON             | \$150.00      |
| und Transfers       |                                                                  |                         |                                                   |                 |               |
| Other Distributions |                                                                  |                         |                                                   |                 |               |
| Report: 2014 M11    | (17) Covering Period: 11/1/14 - 11/30/14                         |                         | Account: 603                                      | 314             |               |

| 2/8/2 | 2016 |
|-------|------|
|-------|------|

Compliance Report

Page 2

| Compliance Report                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| Office: STS                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
| Account: 60314                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
|                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
|                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
| Expenditure                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
|                                                                 | <u>iount</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |
| 2 11/10/201 ALPHA KAPPA ALPHA SORORITY. MON \$21                | 14.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |  |  |
| 6 11/19/201 BETHUNE COOKMAN UNIVERSITY MON \$25                 | 55.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |  |  |
|                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
|                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
| Account: 60314                                                  | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |  |  |
|                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
|                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
| Expenditure                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
| Seg Date Name City Type Am                                      | nount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |  |  |
| 1 12/5/2014 100 BLACK MEN OF SOUTH MON \$58<br>FLORIDA MON \$58 | 83.33                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |  |  |
|                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
|                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
| Account: 60314                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
|                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
|                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
| Expenditure                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
| <u>Seq Date Name City Type An</u>                               | nount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |  |  |
| 6 3/19/2015 AMERICAN AIRLINES MON \$4                           | 87.70                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |  |  |
|                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
|                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
|                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
|                                                                 | Office: STS         Account: 60314         Expenditure         Seq Date Name City Type An         2       11/10/201       ALPHA KAPPA ALPHA SORORITY: MON \$22         MON \$22         6       11/19/201       BETHUNE COOKMAN UNIVERSITY         Account: 60314         City Type An         Seq Date Name City Type An         1       12/5/2014       100 BLACK MEN OF SOUTH MON \$55         Account: 60314         Account: 60314         Account: 60314         Expenditure         Expenditure         Expenditure         Seq Date Name City Type An         MON \$55 |  |  |  |  |  |  |  |

iveral

| 2/8/2016 |
|----------|
|----------|

Compliance Report

Page 3

| Compliance                                                       | Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    |
|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| ullard                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Office:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    |
| (22) <b>Covering Period:</b> 4/1/15 - 4/30/15                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Account: 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 60314                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    |
|                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    |
|                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Exner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | nditure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    |
| Departmention                                                    | Seq                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Туре                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Amount                                                                                             |
| Purpose not specific                                             | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4/9/2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | THE FRAME SHOPPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$47.06                                                                                            |
| Expenditure not made to influence result of candidate's election | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4/9/2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PEOPLE FOR THE AMERICAN WAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$50.00                                                                                            |
|                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1                                                                                                  |
|                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    |
| (23) Covering Period: 5/1/15 - 5/31/15                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Account: 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 60314                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    |
|                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    |
|                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    |
|                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    |
|                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    |
| Description                                                      | Seq                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>Date</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Түре                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Amount                                                                                             |
| Purpose not specific                                             | 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 5/20/2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | FRAME ART                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$64.20                                                                                            |
|                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    |
|                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    |
| (24) Covering Period: 6/1/15 - 6/30/15                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Account:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 60314                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    |
|                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (                                                                                                  |
|                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    |
|                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    |
|                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Expe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | nditure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    |
| Description                                                      | Seq                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>Date</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Туре                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Amount                                                                                             |
| Expenditure not made to influence result of candidate's election | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 6/4/2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MAYS HIGH ALUMNI ASSOCIATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$190.00                                                                                           |
| Expenditure not made to influence result of candidate's election | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 6/4/2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CHURCH OF THE ASCENSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$140.11                                                                                           |
| Expenditure not made to influence result of candidate's election | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 6/5/2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FLORIDA A&M UNIVERSITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$75.00                                                                                            |
|                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    |
|                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    |
| (25) Covering Period: 7/1/15 - 7/31/15                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Account:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 60314                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    |
|                                                                  | (22) Covering Period: 4/1/15 - 4/30/15         Description         Purpose not specific         Expenditure not made to influence result of candidate's election         (23) Covering Period: 5/1/15 - 5/31/15         Description         Purpose not specific         (24) Covering Period: 6/1/15 - 6/30/15         Description         Expenditure not made to influence result of candidate's election         Expenditure not made to influence result of candidate's election         Expenditure not made to influence result of candidate's election         Expenditure not made to influence result of candidate's election         Expenditure not made to influence result of candidate's election         Expenditure not made to influence result of candidate's election         Expenditure not made to influence result of candidate's election | (22) Covering Period: 4/1/15 - 4/30/15         Description<br>Purpose not specific       3         Expenditure not made to influence result of candidate's election       4         (23) Covering Period: 5/1/15 - 5/31/15       5         Description<br>Purpose not specific       9         (24) Covering Period: 6/1/15 - 6/30/15       9         (24) Covering Period: 6/1/15 - 6/30/15       5         Description<br>Purpose not specific       9         (24) Covering Period: 6/1/15 - 6/30/15       5         Expenditure not made to influence result of candidate's election<br>Expenditure not made to influence result of candidate's election | Bland       Seg       Date         (22)       Covering Period: 4/1/15 - 4/30/15       Seg       Date         Purpose not specific       3       4/9/2015         Expenditure not made to influence result of candidate's election       4       4/9/2015         (23)       Covering Period: 5/1/15 - 5/31/15       Seg       Date         (23)       Covering Period: 5/1/15 - 5/31/15       9       5/20/2015         (24)       Covering Period: 6/1/15 - 6/30/15       9       5/20/2015         (24)       Covering Period: 6/1/15 - 6/30/15       Seg       Date         Expenditure not made to influence result of candidate's election       2       6/4/2015         Expenditure not made to influence result of candidate's election       2       6/4/2015         Expenditure not made to influence result of candidate's election       5       6/5/2015 | Illard       Office:         (22)       Covering Period: 4/1/15 - 4/30/15       Account: 0         (22)       Covering Period: 4/1/15 - 4/30/15       Experimentation         (23)       Description       Seg       Date       Name         (23)       Covering Period: 5/1/15 - 5/31/15       Account: 0         (23)       Covering Period: 5/1/15 - 5/31/15       Account: 0         (24)       Covering Period: 6/1/15 - 6/30/15       Account: 0         (24)       Covering Period: 6/1/15 - 6/30/15       Account: 0         Expenditure not made to influence result of candidate's election       Seg       Date         Purpose not specific       9       5/20/2015       FRAME ART         (24)       Covering Period: 6/1/15 - 6/30/15       Account: 0         Expenditure not made to influence result of candidate's election       2       6/4/2015         Expenditure not made to influence result of candidate's election       2       6/4/2015         Expenditure not made to influence result of candidate's election       5       6/5/2015         Expenditure not made to influence result of candidate's election       5       6/5/2015         Expenditure not made to influence result of candidate's election       5       6/5/2015 | Illard       Office: STS         (22)       Covering Period: 4/1/15 - 4/30/15       Account: 60314         Description       Seg       Date       Name       City         Purpose not specific       3 4/3/2015       THE FRAME BHOPPE       4 4/3/2015       FRAME BHOPPE         (23)       Covering Period:       5/1/15 - 5/31/15       Account: 60314       Expenditure not made to influence result of candidate's election         (23)       Covering Period:       5/1/15 - 5/31/15       Account: 60314         (24)       Covering Period:       6/1/15 - 6/30/15       Account: 60314         (24)       Covering Period:       6/1/15 - 6/30/15       Account: 60314         Expenditure not made to influence result of candidate's election       Seg       Date       Name       City         (24)       Covering Period:       6/1/15 - 6/30/15       Account: 60314       Expenditure not made to influence result of candidate's election       Seg       Date       Name       City         Expenditure not made to influence result of candidate's election       Expenditure not made to influence result of candidate's election       Seg       Date       Name       City         Expenditure not made to influence result of candidate's election       Seg       Date       Name       City         Expenditure not mad | Itland       Office: STS         (22)       Covering Period: 4/1/15 - 4/30/15       Account: 60314 |

Compliance Report

· - ·

Candidate: Dwight Bullard

22

### veral

### iontributions

### xnenditures

| xpenditures |     |                                                                  |            |             |                   | Expenditure |      |               |  |
|-------------|-----|------------------------------------------------------------------|------------|-------------|-------------------|-------------|------|---------------|--|
| Statute     | FAC | Description                                                      | <u>Seq</u> | <u>Date</u> | Name              | City        | Туре | <u>Amount</u> |  |
| 106.011(4)  |     | Expenditure not made to influence result of candidate's election | 2          | 7/6/2015    | SAVE THE CHILDREN | 1           | MON  | \$20.00       |  |
| 106.07      |     | Purpose not specific                                             | 6          | 7/14/2015   | MICHAELS          |             | MON  | \$175.25      |  |
| 106.011(4)  |     | Expenditure not made to influence result of candidate's election | 15         | 7/24/2015   | O CINEMA WYNWOO   | סו          | MON  | \$31.52       |  |
| 106.011(4)  |     | Expenditure not made to influence result of candidate's election | 16         | 7/27/2015   | AMERICAN AIRLINES |             | MON  | \$125.00      |  |
| 1S-2.017 F  |     | Incorrect name/source                                            | 19         | 7/24/2015   | STK               |             | MON  | \$2,181.15    |  |
| 106.011(4)  |     | Expenditure not made to influence result of candidate's election | 19         | 7/24/2015   | STK               |             | MON  | \$2,181.15    |  |

### und Transfors

ither Distributions

| Report: 2015 M | A8 (26) | Covering Period: | 8/1/15 - 8/31/15 | Account: 60314 |
|----------------|---------|------------------|------------------|----------------|
| iveral         |         |                  |                  |                |

### iontributions

| xpenditures                    |         |                                                                                 |                                 |                         |                          | Expenditure            |                    |                             |
|--------------------------------|---------|---------------------------------------------------------------------------------|---------------------------------|-------------------------|--------------------------|------------------------|--------------------|-----------------------------|
| Statute                        | FAC     | Description                                                                     | <u>Seq</u>                      | Date                    | <u>Name</u>              | City                   | Туре               | Amount                      |
| 106.011(4)                     |         | Expenditure not made to influence result of candidate's election                | 4                               | 8/1/2015                | MIAMI PASSPORT O         | FFICE                  | MON                | \$170.00                    |
| 106.011(4)                     |         | Expenditure not made to influence result of candidate's election                | 5                               | 8/9/2015                | MINUTE SUITES            |                        | MON                | \$41.21                     |
| 106.011(4)                     |         | Expenditure not made to influence result of candidate's election                | 6 8/11/2015 FAMOUS FOOTWEAR MON |                         |                          |                        | MON                | \$69.99                     |
| iund Transfer<br>Ither Distrib |         |                                                                                 |                                 |                         |                          |                        |                    |                             |
| Report:                        | 2015 M9 | (27) Covering Period: 9/1/15 - 9/30/15                                          |                                 |                         | , A                      | ccount: 60314          |                    |                             |
| Iveral                         |         |                                                                                 |                                 |                         |                          |                        |                    |                             |
| Contributions                  | 8       |                                                                                 |                                 |                         |                          | Contribution           |                    |                             |
| <u>Statute</u><br>106.08       | FAC     | Description<br>Contribution limits were exceeded - Written explanation required | <u>S</u> eq<br>2                | <u>Date</u><br>9/9/2015 | Name<br>FLORIDA HEALTH C | <u>City</u><br>ARE PAC | <b>Туре</b><br>СНЕ | <u>Amount</u><br>\$1,000.00 |

Page 4

1

2/8/2016

#### Florida Department of State - Division of Elections \_...

-----

Compliance Report

| Candidate                                              | : Dwight Bu | Illard                          | GURINARIA                           | a vehour       |                | Offic                          | e: STS                     |      |               |  |  |  |
|--------------------------------------------------------|-------------|---------------------------------|-------------------------------------|----------------|----------------|--------------------------------|----------------------------|------|---------------|--|--|--|
| Report: 2015 M9 (27) Covering Period: 9/1/15 - 9/30/15 |             |                                 |                                     |                | Account: 60314 |                                |                            |      |               |  |  |  |
|                                                        |             |                                 |                                     |                |                |                                | tribution -                |      | -             |  |  |  |
| Statute                                                | FAC         | Description                     |                                     | Seq            | Date           | <u>Name</u>                    | City                       | Type | Amount        |  |  |  |
| 1S-2.017 F                                             |             | Incorrect contributor type      |                                     | 10             | 9/1/2015       | FEA ADVOCACY FUND              |                            | CHE  | \$500.00      |  |  |  |
| 106.08                                                 |             | Contribution limits were exceed | led - Written explanation required  | 10             | 9/1/2015       | FEA ADVOCACY FUND              |                            | CHE  | \$500.00      |  |  |  |
| upenditures                                            |             |                                 |                                     |                |                | Exp                            | enditure -                 |      |               |  |  |  |
| Statute                                                | FAC         | Description                     |                                     | Seq            | Date           | Name                           | City                       | Туре | Amount        |  |  |  |
| 106.011(4)                                             | 1110        |                                 | nce result of candidate's election  | 10             | 9/15/2015      | GLORY TEMPLE MINISTRIES        |                            | MON  | \$300.00      |  |  |  |
| 106.011(4)                                             |             | Expenditure not made to influe  | nce result of candidate's election  | 14             | 9/21/2015      | AMERICAN CANCER SOCIETY        |                            | MON  | \$250.00      |  |  |  |
| 106.011(4)                                             |             | Expenditure not made to influe  | nce result of candidate's election  | 22             | 9/29/2015      | AMERICAN AIRLINES              |                            | MON  | \$317.11      |  |  |  |
| und Transfers                                          | 8           |                                 |                                     |                |                |                                |                            |      |               |  |  |  |
| ther Distribut                                         | tions       |                                 |                                     |                |                |                                |                            |      |               |  |  |  |
| Report:                                                | 2015 M10    | (28) Covering Period:           | 10/1/15 - 10/31/15                  | Account: 60314 |                |                                |                            |      |               |  |  |  |
| ontributions<br><u>Statute</u>                         | FAC         | Description                     |                                     | Seq            | Date           | Name                           | tribution -<br><u>City</u> | Type | Amount        |  |  |  |
| 106.07                                                 |             | Occupation/business not speci   | ific                                | 5              | 10/9/2015      | CENTENE MANAGEMENT             |                            | CHE  | \$500.00      |  |  |  |
| 106.07                                                 |             | Occupation/business not speci   | ific                                | 9              | 10/9/2015      | 78 POLITICAL COMMITTEE         |                            | CHE  | \$1,000.00    |  |  |  |
| xpenditures                                            |             |                                 |                                     |                |                | Exp                            | oenditure -                |      |               |  |  |  |
| Statute                                                | FAC         | Description                     |                                     | Seq            | Date           | Name                           | City                       | Туре | <u>Amount</u> |  |  |  |
| 106.011(4)                                             |             |                                 | ence result of candidate's election | 2              | 10/2/2015      | CHURCH OF THE OPEN DOOR        | ۶.                         | MON  | \$160.00      |  |  |  |
| 106.011(4)                                             |             | Expenditure not made to influe  | ence result of candidate's election | 3              | 10/5/2015      | AMERICAN AIRLINES              |                            | MON  | \$456.20      |  |  |  |
| 106.011(4)                                             |             | Expenditure not made to influe  | ance result of candidate's election | 12             | 10/26/201      | GRAY PANTHERS OF SOUTH<br>DADE |                            | MON  | \$35.00       |  |  |  |
| und Transfer                                           | 18          |                                 |                                     |                |                |                                |                            |      |               |  |  |  |
| ither Distribu                                         | utions      |                                 |                                     |                |                |                                |                            |      |               |  |  |  |
|                                                        | 2015 M11    | (29) Covering Period:           | 11/1/15 - 11/30/15                  |                |                | Accour                         | nt: 60314                  |      |               |  |  |  |
| )veral                                                 |             |                                 |                                     |                |                |                                |                            |      |               |  |  |  |
| Contributions                                          |             |                                 |                                     |                |                |                                | tribution                  |      |               |  |  |  |
| Ctatuta                                                | EAC         | Description                     |                                     | Seq            | Date           | Name                           | City                       | Туре | Amoun         |  |  |  |

.

-

2/8/2016

### Florida Department of State - Division of Elections

. .. \_\_\_\_

Compliance Report

|                    |               |                                 | Compliance 1                      | Report |           | -                |                |      |            |
|--------------------|---------------|---------------------------------|-----------------------------------|--------|-----------|------------------|----------------|------|------------|
| Candida            | te: Dwight Bu | illard                          |                                   |        |           |                  | Office: STS    |      |            |
|                    | 2015 M11      |                                 | 11/1/15 - 11/30/15                |        |           | ρ                | Account: 60314 |      |            |
| 106.07             | <u></u>       | Occupation/business not specifi | c                                 | 1      | 11/26/201 | RON BOOK PA OPER | RATING ACCT    | CHE  | \$1,000.00 |
| xpenditures        | 8             |                                 |                                   |        |           |                  | Expenditure    |      |            |
| Statute            | FAC           | Description                     |                                   | Seq    | Date      | <u>Name</u>      | City           | Түре | Amount     |
| 106.07             |               | Purpose not specific            |                                   | 6      | 11/10/201 | BRANDSMART       |                | MON  | \$103.40   |
| <b>1</b> 06.011(4) | )             | Expenditure not made to influen | ce result of candidate's election | 12     | 11/25/201 | ROSEN SHINGLE CF | REEK           | MON  | \$145.12   |
| und Transfe        | <b>r</b> 8    |                                 |                                   |        |           |                  |                |      |            |
| ither Distric      | ntions        |                                 |                                   |        |           |                  |                |      |            |
| Report:            | 2015 M12      | (31) Covering Period:           | 12/1/15 - 12/31/15                |        |           | A                | Account: 60314 |      |            |
| iverali            |               |                                 |                                   |        |           |                  |                |      |            |
|                    |               |                                 |                                   |        |           |                  |                |      |            |

### Contributions

| xpenditures |     |                                                                  |     |           |                     | Expenditure |      |          |
|-------------|-----|------------------------------------------------------------------|-----|-----------|---------------------|-------------|------|----------|
| Statute     | FAC | Description                                                      | Seq | Date      | Name                | City        | Туре | Amount   |
| 106.011(4)  |     | Expenditure not made to influence result of candidate's election | 9   | 12/21/201 | AMERICAN COUNCIL    |             | MON  | \$100.00 |
| 106.011(4)  |     | Expenditure not made to influence result of candidate's election | 16  | 12/1/2015 | MIAMI CHILOREN'S IN | NITIATIVE   | MON  | \$250.00 |
| 106.011(4)  |     | Expenditure not made to influence result of candidate's election | 17  | 12/1/2015 | PINE VILLA ELEMEN   | TARY PTA    | MON  | \$150.00 |
| 106.011(4)  |     | Expenditure not made to influence result of candidate's election | 18  | 12/1/2015 | SOUTH SPIRIT BOYS   | CLUB        | MON  | \$375.00 |
|             |     |                                                                  |     |           |                     |             |      |          |

### und Transfera

**1ther Distributions** 



### FLORIDA DEPARTMENT OF STATE Ken Detzner Secretary of State DIVISION OF ELECTIONS

Second Notice

February 25, 2016

Dwight Bullard Post Office Box 160156 Miami, FL 33116

Re: CAN 60314

Dear Senator Bullard:

On February 8, 2016, you were advised that one or more of your campaign treasurer's reports were incomplete and that you had 7 days to provide the requested information.

The Division's electronic filing system indicates that the required information has not been provided. Pursuant to Section 106.22, Florida Statutes, the Division is required to notify the Florida Elections Commission of the failure to provide information required by Chapter 106. Accordingly, if the information requested in our prior notice is not received within 7 days of receipt of this letter, we will refer this matter to the Commission. A second copy of the error report is attached for your convenience.

Sincerely,

theid B

Kristi Reid Bronson, Chief Bureau of Election Records

Attachment

| 2/22/2016                               | 2016 Florida Department of State - Division of Elections         |                                                              |      |               |  |  |  |
|-----------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------|------|---------------|--|--|--|
|                                         | Compliance                                                       | Report                                                       |      |               |  |  |  |
| Candidate: Dwight E                     | Bullard                                                          | Office: STS                                                  |      |               |  |  |  |
| Report: 2013 Q1                         | (1) Covering Period: 2/22/13 - 3/31/13                           | Account: 60314                                               |      |               |  |  |  |
| reral                                   |                                                                  |                                                              |      |               |  |  |  |
| on <b>tributions</b>                    |                                                                  | Contribution                                                 |      |               |  |  |  |
| Statute EAC                             | Description                                                      | Seq Date Name City                                           | Туре | Amount        |  |  |  |
| <u>Statute</u> <u>FAC</u><br>1S-2.017 F | Description<br>Incorrect contributor type                        | 2 3/1/2013 FEA ADVOCACY FUND                                 | CHE  | \$500.00      |  |  |  |
| cpenditures                             |                                                                  |                                                              |      |               |  |  |  |
| and Transfers                           |                                                                  |                                                              |      |               |  |  |  |
| ther Distributions                      |                                                                  |                                                              |      |               |  |  |  |
| Report: 2014 M2                         | (8) Covering Period: 2/1/14 - 2/28/14                            | Account: 60314                                               |      |               |  |  |  |
| veral                                   |                                                                  |                                                              |      |               |  |  |  |
| ontributions                            |                                                                  |                                                              |      |               |  |  |  |
| xpenditures                             |                                                                  | Expenditure                                                  |      |               |  |  |  |
| Statute FAC                             | Description                                                      | <u>Seq Date Name City</u>                                    | Type | <u>Amount</u> |  |  |  |
| 106.011(4)                              | Expenditure not made to influence result of candidate's election | 1 2/18/2014 FLORIDA CONFERENCE OF BLACK<br>STATE LEGISLATORS | MON  | \$500.00      |  |  |  |
| 106.011(4)                              | Expenditure not made to influence result of candidate's election | 2 2/27/2014 DELTA SIGMA THETA SORORITY<br>INC                | MON  | \$150.00      |  |  |  |
| and Transfers                           |                                                                  |                                                              |      |               |  |  |  |
| ther Distributions                      |                                                                  |                                                              |      |               |  |  |  |
| Report: 2014 M8                         | (14) Covering Period: 8/1/14 - 8/31/14                           | Account: 60314                                               |      |               |  |  |  |
| veral                                   |                                                                  |                                                              |      |               |  |  |  |
| contributions                           |                                                                  |                                                              |      |               |  |  |  |
| xpenditures                             |                                                                  | Expenditure                                                  |      |               |  |  |  |
| Statute FAC                             | Description                                                      | <u>Seg Date Name City</u>                                    | Туре | Amount        |  |  |  |
| 106.011(4)                              | Expenditure not made to influence result of candidate's election | 1 8/14/2014 PRICELINE COM                                    | MON  | \$887.00      |  |  |  |
| 106.011(4)                              | Expenditure not made to influence result of candidate's election | 3 8/5/2014 HOPE FOR LY FE CHARITY                            | MON  | \$150 00      |  |  |  |
| und Transfers                           |                                                                  |                                                              |      |               |  |  |  |
| Ither Distributions                     |                                                                  |                                                              |      |               |  |  |  |
| Report: 2014 M1                         | 1 (17) Covering Period: 11/1/14 - 11/30/14                       | Account: 60314                                               |      |               |  |  |  |

| 2/22/20 | 116 |
|---------|-----|
|---------|-----|

\_ .

Compliance Report

Page 2

.

| Complianc                                                                   | a Report                                                   |
|-----------------------------------------------------------------------------|------------------------------------------------------------|
| Candidate: Dwight Bullard                                                   | Office: STS                                                |
| Report: 2014 M11 (17) Covering Period: 11/1/14 - 11/30/14                   | Account: 60314                                             |
| <i>recal</i>                                                                |                                                            |
| <b>mtributions</b>                                                          |                                                            |
| maniferen                                                                   |                                                            |
| (penditures                                                                 | Seq <u>Date Name</u> <u>City</u> <u>Type</u> <u>Amount</u> |
| Statute FAC Description                                                     |                                                            |
| 106.011(4) Expenditure not made to influence result of candidate's election | 2 11/10/201 ALPHA KAPPA ALPHA SORORITY. MON \$214.00       |
| 106.011(4) Expenditure not made to influence result of candidate's election | 6 11/19/201 BETHUNE COOKMAN UNIVERSITY MON \$255.00        |
| nd Transfers                                                                |                                                            |
| ther Distributions                                                          |                                                            |
| Report: 2014 M12 (18) Covering Period: 12/1/14 - 12/31/14                   | Account: 60314                                             |
| /eral                                                                       |                                                            |
| intributions                                                                |                                                            |
|                                                                             |                                                            |
| (penditures                                                                 | Expenditure                                                |
| Statute FAC Description                                                     | Seq Date Name City Type Amount                             |
| 106.011(4) Expenditure not made to influence result of candidate's election | 1 12/5/2014 100 BLACK MEN OF SOUTH MON \$583.33            |
| nd Transfors                                                                |                                                            |
| ther Distributions                                                          |                                                            |
| Report: 2015 M3 (21) Covering Period: 3/1/15 - 3/31/15                      | Account: 60314                                             |
| /9r3i                                                                       |                                                            |
| mtributions                                                                 |                                                            |
|                                                                             |                                                            |
| (penditures                                                                 | Expenditure                                                |
| Statute FAC Description                                                     | Seg Date Name City Type Amount                             |
| 106.011(4) Expenditure not made to influence result of candidate's election | 6 3/19/2015 AMERICAN AIRLINES MON \$487.70                 |
| ind Transfers                                                               |                                                            |
| ther Distributions                                                          |                                                            |
| Report: 2015 M4 (22) Covering Period: 4/1/15 - 4/30/15                      | Account: 60314                                             |
|                                                                             |                                                            |

veral

| 2/22/2016 |  |
|-----------|--|
|-----------|--|

Page 3

٠

|                            | Compil                                              | iance Report |             |                         |             |        |          |   |
|----------------------------|-----------------------------------------------------|--------------|-------------|-------------------------|-------------|--------|----------|---|
| Candidate: Dwight Bullard  |                                                     |              |             | Offi                    | ce: STS     |        |          |   |
| Report: 2015 M4 (22) Cover | ing Period: 4/1/15 - 4/30/15                        |              |             | Accou                   | nt: 60314   |        |          |   |
| entributions               |                                                     |              |             |                         |             | 5 2000 | 17       | _ |
| una ditanan                |                                                     |              |             |                         |             |        |          |   |
| kpenditures                |                                                     |              |             |                         | penditure - |        |          |   |
| Statute FAC Description    | · · ·                                               | <u>Seq</u>   | <u>Date</u> | <u>Name</u>             | City        | Туре   | Amount   |   |
| 106.07 Purpose not sp      |                                                     |              | 4/9/2015    | THE FRAME SHOPPE        |             | MON    | \$47.06  |   |
| 106.011(4) Expenditure no  | t made to influence result of candidate's election  | 4            | 4/9/2015    | PEOPLE FOR THE AMERICAN | N WAT       | MON    | \$50.00  |   |
| und Transfer8              |                                                     |              |             |                         |             |        |          |   |
| ther Distributions         |                                                     |              |             |                         |             |        |          |   |
| Report: 2015 M5 (23) Cover | ing Period: 5/1/15 - 5/31/15                        |              |             | Accou                   | nt: 60314   |        |          |   |
| veral                      |                                                     |              |             |                         |             |        |          | _ |
| entributions               |                                                     |              |             |                         |             |        |          |   |
|                            |                                                     |              |             |                         |             |        |          |   |
| kpenditur es               |                                                     |              |             | Ex                      | penditure – |        |          |   |
| Statute FAC Description    |                                                     | Seg          | Date        | Name                    | City        | Type   | Amount   |   |
| 106 07 Purpose not sp      | ecific                                              | 9            | 5/20/2015   | FRAME ART               |             | MON    | \$64.20  |   |
| und Inopations             |                                                     |              |             |                         |             |        |          |   |
| und Transfers              |                                                     |              |             |                         |             |        |          |   |
| ther Distributions         |                                                     |              | -           |                         |             |        |          |   |
|                            | ring Period: 6/1/15 - 6/30/15                       |              |             | Accou                   | nt: 60314   |        |          |   |
| veral                      |                                                     |              |             |                         |             |        |          |   |
| ontributions               |                                                     |              |             |                         |             |        |          |   |
| xpentitures                |                                                     |              |             |                         |             |        |          |   |
|                            |                                                     |              |             |                         | penditure - |        |          |   |
| Statute FAC Description    |                                                     | Seq          | Date        | <u>Name</u>             | <u>City</u> | Түре   | Amount   |   |
|                            | ot made to influence result of candidate's election |              | 6/4/2015    | MAYS HIGH ALUMNI ASSOCI |             | х      | \$190.00 |   |
|                            | of made to influence result of candidate's election |              | 6/4/2015    | CHURCH OF THE ASCENSIO  | IN          | MON    | \$140.11 |   |
| 106.011(4) Expenditure no  | ot made to influence result of candidate's election | 5            | 6/5/2015    | FLORIDA A&M UNIVERSITY  |             | MON    | \$75.00  |   |
| und Transfors              |                                                     |              |             |                         |             |        |          |   |
| ther Distributions         |                                                     |              |             |                         |             |        |          |   |
|                            | ring Period: 7/1/15 - 7/31/15                       |              |             | Accou                   | Int: 60314  |        |          |   |
|                            |                                                     |              |             |                         |             |        |          |   |

Compliance Report

Office: STS Account: 60314

#### Candidate: Dwight Bullard

### **reral**

### mtr butions

#### coenditures Expenditure -----\_\_\_\_\_ -------Date Name City Type Amount Seg Statute FAC Description 2 7/6/2015 SAVE THE CHILDREN Expenditure not made to influence result of candidate's election 106 011(4) MON \$20.00 Purpose not specific 6 7/14/2015 MICHAELS MON 106.07 \$175.25 Expenditure not made to influence result of candidate's election 15 7/24/2015 O CINEMA WYNWOOD MON 106.011(4) \$31.52 AMERICAN AIRLINES Expenditure not made to influence result of candidate's election 16 7/27/2015 106.011(4) MON \$125.00 7/24/2015 STK 1S-2.017 F Incorrect name/source 19 MON \$2,181.15 19 7/24/2015 STK 106.011(4) Expenditure not made to influence result of candidate's election MON \$2,181.15

### nd Transfers

#### ther Distributions

| Report: 2015 ME | 3 (26) | Covering Period: | 8/1/15 - 8/31/15 | Account: 60314 |
|-----------------|--------|------------------|------------------|----------------|
| veral           |        |                  |                  |                |

#### mitributions

| kpenditures                     |         |                                                |                                    | Expenditure     |                         |                          |                         |                    |                             |  |
|---------------------------------|---------|------------------------------------------------|------------------------------------|-----------------|-------------------------|--------------------------|-------------------------|--------------------|-----------------------------|--|
| Statute                         | FAC     | Description                                    |                                    | <u>Seq</u>      | Date                    | Name                     | City                    | Туре               | Amount                      |  |
| 106.011(4)                      |         |                                                | nce result of candidate's election | 4               | 8/1/2015                | MIAMI PASSPORT O         | FFICE                   | MON                | \$170.00                    |  |
| 106.011(4)                      |         | Expenditure not made to influen                | nce result of candidate's election | 5               | 8/9/2015                | MINUTE SUITES            |                         | MON                | \$41.21                     |  |
| 106.011(4)                      |         | Expenditure not made to influe                 | nce result of candidate's election | 6               | 8/11/2015               | FAMOUS FOOTWEA           | R                       | MON                | \$69.99                     |  |
| und Transfers<br>ther Distribut |         |                                                |                                    |                 |                         |                          |                         |                    |                             |  |
| Report:                         | 2015 M9 | (27) Covering Period:                          | 9/1/15 - 9/30/15                   |                 |                         | A                        | Account: 60314          |                    |                             |  |
| veral                           |         |                                                |                                    |                 |                         |                          |                         |                    |                             |  |
| ontributions                    |         |                                                |                                    |                 |                         |                          | Contribution -          |                    |                             |  |
| <u>Statute</u><br>106.08        | FAC     | Description<br>Contribution limits were exceed | ded - Written explanation required | <u>Seq</u><br>2 | <u>Date</u><br>9/9/2015 | Name<br>FLORIDA HEALTH C | <u>City</u><br>CARE PAC | <u>Түре</u><br>СНЕ | <u>Amount</u><br>\$1,000 00 |  |

2/22/2016

# Florida Department of State - Division of Elections

Compilance Report

| Candidat                                                                                                                      | e: Dwight Bu  | ilard                                                            | uahon r |           | Office:                 | STS      |      |            |
|-------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------------|---------|-----------|-------------------------|----------|------|------------|
| Report:         2015         M9         (27)         Covering Period:         9/1/15 - 9/30/15         Account:         60314 |               |                                                                  |         |           |                         |          |      |            |
|                                                                                                                               |               |                                                                  |         |           | Conti                   | ribution |      |            |
| Statute                                                                                                                       | FAC           | Description                                                      | Seg     | Date      | Name                    | City     | Туре | Amount     |
| 1S-2.017 F                                                                                                                    |               | Incorrect contributor type                                       | 10      | 9/1/2015  | FEA ADVOCACY FUND       |          | CHE  | \$500.00   |
| 106.08                                                                                                                        |               | Contribution limits were exceeded - Written explanation required | 10      | 9/1/2015  | FEA ADVOCACY FUND       |          | CHE  | \$500.00   |
| (penditures                                                                                                                   |               |                                                                  |         |           | Ехре                    | nditure  |      |            |
| Statuto                                                                                                                       | FAC           | Description                                                      | Seq     | Date      | Name                    | City     | Type | Amount     |
| <u>Statute</u><br>106.011(4)                                                                                                  | TAC           | Expenditure not made to influence result of candidate's election | 10      | 9/15/2015 | GLORY TEMPLE MINISTRIES |          | MON  | \$300 00   |
| 106.011(4)                                                                                                                    |               | Expenditure not made to influence result of candidate's election | 14      | 9/21/2015 | AMERICAN CANCER SOCIETY |          | MON  | \$250.00   |
| 106.011(4)                                                                                                                    |               | Expenditure not made to influence result of candidate's election | 22      | 9/29/2015 | AMERICAN AIRLINES       |          | MON  | \$317.11   |
| nd Transfer                                                                                                                   | 78            |                                                                  |         |           |                         |          |      |            |
| ther Distrib                                                                                                                  | utions        |                                                                  |         |           |                         |          |      |            |
| Report:                                                                                                                       | 2015 M10      | (28) Covering Period: 10/1/15 - 10/31/15                         |         |           | Account:                | 60314    |      | ·····      |
| veral                                                                                                                         |               |                                                                  |         |           |                         |          |      |            |
| entributions                                                                                                                  | ł             |                                                                  |         |           | Cont                    | ribution |      |            |
| Statute                                                                                                                       | FAC           | Description                                                      | Seq     | Date      | Name                    | City     | Type | Amount     |
| 106.07                                                                                                                        | <u>.,,,,,</u> | Occupation/business not specific                                 | 5       | 10/9/2015 | CENTENE MANAGEMENT      |          | CHE  | \$500.00   |
| 106.07                                                                                                                        |               | Occupation/business not specific                                 | 9       | 10/9/2015 | 78 POLITICAL COMMITTEE  |          | CHE  | \$1,000.00 |
|                                                                                                                               |               |                                                                  |         |           |                         |          |      |            |
| (penditures                                                                                                                   |               |                                                                  |         |           | Ехре                    | enditure |      |            |
| Statute                                                                                                                       | FAC           | Description                                                      | Seq     | Date      | Name                    | City     | Туре | Amount     |
| 106.011(4)                                                                                                                    |               | Expenditure not made to influence result of candidate's election | 2       | 10/2/2015 | CHURCH OF THE OPEN DOOR |          | MON  | \$160.00   |
| 106.011(4)                                                                                                                    | L             | Expenditure not made to influence result of candidate's election | 3       | 10/5/2015 | AMERICAN AIRLINES       |          | MON  | \$456.20   |
| 106.011(4)                                                                                                                    | C             | Expenditure not made to influence result of candidate's election | 12      | 10/26/201 | GRAY PANTHERS OF SOUTH  |          | MON  | \$35.00    |
| und Transfe                                                                                                                   | гз            |                                                                  |         |           |                         |          |      |            |
| ther Distrib                                                                                                                  | utions        |                                                                  |         |           |                         |          |      |            |
| Report:                                                                                                                       | 2015 M11      | (29) Covering Period: 11/1/15 - 11/30/15                         |         |           | Account                 | 60314    |      |            |
| verall                                                                                                                        |               |                                                                  |         |           |                         |          |      |            |
| ontribution                                                                                                                   | 8             |                                                                  |         |           | Cont                    | ribution |      |            |
|                                                                                                                               |               | - · ··                                                           | Sea     | Date      | Name                    | City     | Type | Amount     |

4

.

Compliance Report

|               |               |        |                             | CONDEMNES                         | Keport |           |                  |               |      |            |
|---------------|---------------|--------|-----------------------------|-----------------------------------|--------|-----------|------------------|---------------|------|------------|
| Candidat      | te: Dwight Bu | ullard |                             |                                   |        |           |                  | Office: STS   |      |            |
| Report:       |               | (29)   | <b>Covering Period:</b>     | 11/1/15 - 11/30/15                |        |           | A                | ccount: 60314 |      |            |
| 106.07        | <u></u>       |        | pation/business not specifi | ic                                | 1      | 11/26/201 | RON BOOK PA OPER | RATING ACCT   | CHE  | \$1,000.00 |
| xpenditures   |               |        |                             |                                   |        |           |                  | Expenditure   |      |            |
| Statute       | FAC           | Des    | cription                    |                                   | Seq    | Date      | Name             | <u>City</u>   | Туре | Amount     |
| 106.07        |               |        | ose not specific            |                                   | 6      | 11/10/201 | BRANDSMART       |               | MON  | \$103.40   |
| 106.011(4)    |               | Expe   | nditure not made to influer | ce result of candidate's election | 12     | 11/25/201 | ROSEN SHINGLE CF | REEK          | MON  | \$145.12   |
| und Transfe   | <b>f</b> 8    |        |                             |                                   |        |           |                  |               |      | 1          |
| ther Distrib  | utions        |        |                             |                                   |        |           |                  |               |      |            |
| Report:       | 2015 M12      | (31)   | Covering Period:            | 12/1/15 - 12/31/15                |        |           | ۵                | ccount: 60314 |      |            |
| veral         |               |        |                             |                                   |        |           |                  |               |      |            |
| 'antributiona | 8             |        |                             |                                   |        |           |                  |               |      |            |
| xpenditures   | ł             |        |                             |                                   |        |           |                  | Exponditure   |      |            |

| ADDIVITION 02 |     |                                                                  |     |           | *****                                 | Expenditure |      |          |
|---------------|-----|------------------------------------------------------------------|-----|-----------|---------------------------------------|-------------|------|----------|
| Statute       | FAC | Description                                                      | Seq | Date      | Name                                  | City        | Түре | Amount   |
| 106.011(4)    |     | Expenditure not made to influence result of candidate's election | 9   | 12/21/201 | AMERICAN COUNCIL<br>POLITICAL LEADERS |             | MON  | \$100.00 |
| 106.011(4)    |     | Expenditure not made to influence result of candidate's election | 16  | 12/1/2015 | MIAMI CHILDREN'S II                   | NITIATIVE   | MON  | \$250.00 |
| 106.011(4)    |     | Expenditure not made to influence result of candidate's election | 17  | 12/1/2015 | PINE VILLA ELEMEN                     | TARY PTA    | MON  | \$150.00 |
| 106.011(4)    |     | Expenditure not made to influence result of candidate's election | 18  | 12/1/2015 | SOUTH SPIRIT BOYS                     | CLUB        | MON  | \$375.00 |

und Transfers

ther Distributions



FLORIDA DEPARTMENT OF STATE

Ken Detzner Secretary of State **DIVISION OF ELECTIONS** 

**FINAL NOTICE** 

**Delivery Confirmation:** 

& CUSTOMER RECEIPT

USPS TRACKING # 9114 9014 9645 0382 4875 99 For Tracking or inquiries go to USPS.com or call 1-800-222-1811.

March 11, 2016

Dwight Bullard Post Office Box 160156 Miami, FL 33116

Re: CAN 60314

Dear Senator Bullard:

You have previously been advised that one or more campaign treasurer's reports are incomplete for the reasons noted in the attached error report.

Pursuant to Section 106.07(2), Florida Statutes, you have 7 days from receipt of this letter to correct errors or provide missing information. If the information has been reported accurately, you must provide a written explanation to the Division addressing the issue noted in the error report. Please be advised that if you fail to comply with this request, the Division will forward this matter to the Florida Elections Commission for further action. Section 106.265(1), Florida Statutes, authorizes the Florida Elections Commission to impose civil penalties of up to \$1,000 per violation.

If you need assistance in filing an amendment, please contact the Division's help line at (850) 245-6280.

Sincerely,

Kristi Reid Bronson Chief, Bureau of Election Records

Attachment

| 3/11/2016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                         | Fiorida Department of State | - Division of Elections                       | ~                                                                                                                  |                                                      |                                          | Page 1                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|------------------------------------------|---------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         | Compliance                  | Report                                        | -                                                                                                                  |                                                      |                                          |                                       |
| Candidate: Dwight E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                         |                             |                                               | Office:                                                                                                            |                                                      |                                          |                                       |
| Report: 2013 Q1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (1) Covering Period: 2                                                                                                  | 2/22/13 - 3/31/13           |                                               | Account:                                                                                                           | 60314                                                |                                          |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |                             |                                               |                                                                                                                    |                                                      |                                          |                                       |
| ntributions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                         |                             |                                               | Contr                                                                                                              | ibution                                              |                                          |                                       |
| Statute FAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Description                                                                                                             |                             | Seq Date                                      | Name                                                                                                               | City                                                 | Туре                                     | Amount                                |
| S-2.017 F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Incorrect contributor type                                                                                              |                             | 2 3/1/2013                                    | FEA ADVOCACY FUND                                                                                                  |                                                      | CHE                                      | \$500.00                              |
| endures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                         |                             |                                               |                                                                                                                    |                                                      |                                          |                                       |
| d Transfers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                         |                             |                                               |                                                                                                                    |                                                      |                                          |                                       |
| er Distributions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                         |                             |                                               |                                                                                                                    |                                                      |                                          |                                       |
| Report: 2014 M2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (8) Covering Period: 2                                                                                                  | 2/1/14 - 2/28/14            |                                               | Account:                                                                                                           | 60314                                                |                                          |                                       |
| eral                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                         |                             |                                               |                                                                                                                    |                                                      |                                          |                                       |
| ntr <b>ibutio</b> ns                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                         |                             |                                               |                                                                                                                    |                                                      |                                          |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |                             |                                               |                                                                                                                    |                                                      |                                          |                                       |
| oenditures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                         |                             |                                               | - Expo                                                                                                             | ndituro                                              |                                          |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Description                                                                                                             |                             | <u>Seq Date</u>                               | Expe<br><u>Name</u>                                                                                                | nditure<br><u>City</u>                               | Түре                                     | Amount                                |
| Statute FAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u>Description</u><br>Explanation of transaction require                                                                |                             | <u>Seq</u> <u>Date</u><br>2 2/27/2014         | Name<br>DELTA SIGMA THETA SORORITY                                                                                 |                                                      |                                          | <u>Amount</u><br>\$150.00             |
| <u>Statute FAC</u><br>1S-2.017 F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                         | ed                          |                                               | Name                                                                                                               |                                                      | Түре                                     |                                       |
| <u>Statute FAC</u><br>IS-2.017 F<br><b>Id Transfers</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                         | ed                          |                                               | Name<br>DELTA SIGMA THETA SORORITY                                                                                 |                                                      | Түре                                     |                                       |
| <u>Statute FAC</u><br>15-2.017 F<br><b>Id Transfers</b><br><b>Ier Distributions</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Explanation of transaction require                                                                                      |                             |                                               | Name<br>DELTA SIGMA THETA SORORITY                                                                                 | <u>City</u>                                          | Түре                                     |                                       |
| <u>Statute FAC</u><br>1S-2.017 F<br><b>Id Transfers</b><br><b>Nor Distributions</b><br>Report: 2014 M11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Explanation of transaction require                                                                                      |                             |                                               | Name<br>DELTA SIGMA THETA SORORITY                                                                                 | <u>City</u>                                          | Түре                                     |                                       |
| Statute FAC<br>1S-2.017 F<br>Id Transfers<br>In Distributions<br>Report: 2014 M17<br>aral                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Explanation of transaction require                                                                                      |                             |                                               | Name<br>DELTA SIGMA THETA SORORITY                                                                                 | <u>City</u>                                          | Түре                                     |                                       |
| <b>Statute FAC</b><br>15-2.017 F<br><b>Ind Transfers</b><br><b>Nor Distributions</b><br><b>Report: 2014 M1<sup>4</sup><br/>erail</b><br><b>ntributions</b><br><b>penditures</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Explanation of transaction require                                                                                      |                             |                                               | Name<br>DELTA SIGMA THETA SORORITY<br>INC<br>Account:                                                              | <u>City</u><br>60314                                 | <u>Type</u><br>MON                       | \$150.00                              |
| Statute     FAC       1S-2.017 F       Id Transfers       nor Distributions       Report:     2014 M11       arall       ntributions       penditures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Explanation of transaction require                                                                                      |                             |                                               | Name<br>DELTA SIGMA THETA SORORITY<br>INC<br>Account:                                                              | <u>City</u>                                          | <u>Type</u><br>MON                       | \$150.00                              |
| Statute     FAC       IS-2.017 F       Id Transfers       Id Transfe | Explanation of transaction require                                                                                      | 11/1/14 - 11/30/14          | 2 2/27/2014                                   | Name<br>DELTA SIGMA THETA SORORITY<br>INC.<br>Account:<br>Expe                                                     | <u>City</u><br>60314<br>n d i t u r e<br><u>City</u> | <u>Type</u><br>MON                       | \$150.00                              |
| Statute     FAC       1S-2.017 F     IS-2.017 F       Id Transfers     IS-2.017 F       Id Transfers     IS-2.017 F       Id Transfers     IS-2.017 F       Statute     FAC       1S-2.017 F     IS-2.017 F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Explanation of transaction require<br>(17) Covering Period:<br>Description                                              | 11/1/14 - 11/30/14          | 2 2/27/2014                                   | Name<br>DELTA SIGMA THETA SORORITY<br>INC<br>Account:<br>E x p e<br><u>Name</u><br>ALPHA KAPPA ALPHA SORORITY,     | <u>City</u><br>60314<br>nditure<br><u>City</u>       | <u>Түре</u><br>мон                       | \$150.00                              |
| Statute     FAC       1S-2.017 F     IS-2.017 F       Id Transfers     IS-2.017 F       Id Transfers     IS-2.017 F       Id Transfers     IS-2.017 F       Statute     FAC       1S-2.017 F     IS-2.017 F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Explanation of transaction require<br>(17) Covering Period:<br><u>Description</u><br>Explanation of transaction require | 11/1/14 - 11/30/14          | 2 2/27/2014<br><u>Seq Date</u><br>2 11/10/201 | Name<br>DELTA SIGMA THETA SORORITY<br>INC<br>Account:<br>Expe<br><u>Name</u><br>ALPHA KAPPA ALPHA SORORITY,<br>INC | <u>City</u><br>60314<br>nditure<br><u>City</u>       | <u>Type</u><br>MON<br><u>Type</u><br>MON | \$150.00<br><u>Amount</u><br>\$214.00 |
| <u>Statute FAC</u><br>15-2.017 F<br><b>nd Transfers</b><br><b>ner Distributions</b><br>Report: 2014 M1 <sup>*</sup><br>erail<br>ntributions<br>penditures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Explanation of transaction require<br>(17) Covering Period:<br><u>Description</u><br>Explanation of transaction require | 11/1/14 - 11/30/14          | 2 2/27/2014<br><u>Seq Date</u><br>2 11/10/201 | Name<br>DELTA SIGMA THETA SORORITY<br>INC<br>Account:<br>Expe<br><u>Name</u><br>ALPHA KAPPA ALPHA SORORITY,<br>INC | <u>City</u><br>60314<br>nditure<br><u>City</u>       | <u>Type</u><br>MON<br><u>Type</u><br>MON | \$150.00<br><u>Amount</u><br>\$214.00 |

| 3/11/2016                                               |                                     | Horida Department of State - | Division of Ele | ctions |                   |               |         | Page 2           |
|---------------------------------------------------------|-------------------------------------|------------------------------|-----------------|--------|-------------------|---------------|---------|------------------|
|                                                         |                                     | Compliance                   | Report          |        |                   |               |         |                  |
| Candidate: Dwight B                                     | ullard                              |                              |                 |        |                   | Office: STS   |         |                  |
| Report: 2015 M3                                         | (21) Covering Period: 3/1/          | /15 - 3/31/15                |                 |        | A                 | ccount: 60314 |         |                  |
| ontributions                                            |                                     |                              |                 |        |                   |               |         |                  |
| xpenditures                                             |                                     |                              |                 |        |                   | Expenditure   | <b></b> |                  |
| Statute FAC                                             | Description                         |                              | <u>Seq</u> Da   |        | Name              | <u>City</u>   | Түре    | Amount           |
| 1S-2.017 F                                              | Explanation of transaction required |                              | 6 3/19          | 9/2015 | AMERICAN AIRLINES |               | MON     | \$487.70         |
| and Transfors                                           |                                     |                              |                 |        |                   |               |         |                  |
| ther Distributions                                      |                                     |                              |                 |        |                   |               |         |                  |
| Report: 2015 M4                                         | (22) Covering Period: 4/1/          | /15 - 4/30/15                |                 |        | A                 | ccount: 60314 |         |                  |
| veral                                                   |                                     |                              |                 |        |                   |               | -       |                  |
| ontributions                                            |                                     |                              |                 |        |                   |               |         |                  |
| xpenditures                                             |                                     |                              |                 |        |                   | Expenditure   |         |                  |
| Statute FAC                                             | <u>Description</u>                  |                              | <u>Seq</u> Da   |        | Name              | <u>City</u>   | Түре    | Amount           |
| 106.07                                                  | Purpose not specific                |                              | 3 4/9/          | /2015  | THE FRAME SHOPPE  | I             | MON     | \$47.06          |
| und Transfers                                           |                                     |                              |                 |        |                   |               |         |                  |
| ther Alstributions                                      |                                     |                              |                 |        |                   |               |         |                  |
| Report: 2015 M5                                         | (23) Covering Period: 5/1/          | /15 - 5/31/15                |                 |        | A                 | ccount: 60314 |         |                  |
| veral                                                   |                                     |                              |                 |        |                   |               |         |                  |
| ontributions                                            |                                     |                              |                 |        |                   |               |         |                  |
|                                                         |                                     |                              |                 |        |                   |               |         |                  |
| xpenditures                                             |                                     |                              |                 |        |                   | Expenditure   |         |                  |
| Statute FAC                                             | Description                         |                              |                 | ate    | Name<br>FRAME ART | City          | Түре    | Amount<br>ted 20 |
| 106.07                                                  | Purpose not specific                |                              | 9 5/2           | 0/2015 | FRAME ART         |               | MON     | \$64.20          |
|                                                         |                                     |                              |                 |        |                   |               |         |                  |
| und Transfers                                           |                                     |                              |                 |        |                   |               |         |                  |
| und Transfers<br>Ither Distributions<br>Report: 2015 M6 | (24) Covering Period: 6/1           |                              |                 |        |                   | ccount: 60314 |         |                  |

ontributions

| 3/1  | 1/20 | 16 |
|------|------|----|
| 5, 1 | 1/20 |    |

Page 3

| Compliance Rep |  |
|----------------|--|

|                                                        | Califmant's voltant                           |  |  |  |
|--------------------------------------------------------|-----------------------------------------------|--|--|--|
| Candidate: Dwight Bullard Office: STS                  |                                               |  |  |  |
| Report: 2015 M6 (24) Covering Period: 6/1/15 - 6/30/15 | Account: 60314                                |  |  |  |
| penditur es                                            | Expenditure                                   |  |  |  |
| Statute FAC Description                                | Seg Date Name City Type Amount                |  |  |  |
| S-2.017 F Explanation of transaction required          | 5 6/5/2015 FLORIDA A&M UNIVERSITY MON \$75 00 |  |  |  |
| d Transfors                                            |                                               |  |  |  |
| er Distributions                                       |                                               |  |  |  |
| Report: 2015 M7 (25) Covering Period: 7/1/15 - 7/31/15 | Account: 60314                                |  |  |  |
| araf                                                   |                                               |  |  |  |
| trutions                                               |                                               |  |  |  |
| enditures                                              | Expenditure                                   |  |  |  |
| Statute FAC Description                                | Seg Date Name City Type Amount                |  |  |  |
| 06.07 Purpose not specific                             | 6 7/14/2015 MICHAELS MON \$175.25             |  |  |  |
| S-2.017 F Explanation of transaction required          | 15 7/24/2015 O CINEMA WYNWOOD MON \$31.52     |  |  |  |
| S-2.017 F Explanation of transaction required          | 16 7/27/2015 AMERICAN AIRLINES MON \$125.00   |  |  |  |
| IS-2.017 F Incorrect name/source                       | 19 7/24/2015 <sup>STK</sup> MON \$2,181.15    |  |  |  |
| at Transfors                                           |                                               |  |  |  |
| ier Distributions                                      |                                               |  |  |  |
| Report: 2015 M8 (26) Covering Period: 8/1/15 - 8/31/15 | Account: 60314                                |  |  |  |
| oral                                                   |                                               |  |  |  |
| itributions .                                          |                                               |  |  |  |
| enditures                                              | Expenditure                                   |  |  |  |
| Statute FAC Description                                | Seg Date Name City Type Amount                |  |  |  |
| S-2.017 F Explanation of transaction required          | 4 8/1/2015 MIAMI PASSPORT OFFICE MON \$170.00 |  |  |  |
| S-2.017 F Explanation of transaction required          | 5 8/9/2015 MINUTE SUITES MON \$41.21          |  |  |  |
| 1S-2.017 F Explanation of transaction required         | 6 8/11/2015 FAMOUS FOOTWEAR MON \$69.99       |  |  |  |
| al Transfers                                           |                                               |  |  |  |
| tier Distributions                                     |                                               |  |  |  |

| 3/11/2016 |
|-----------|
|-----------|

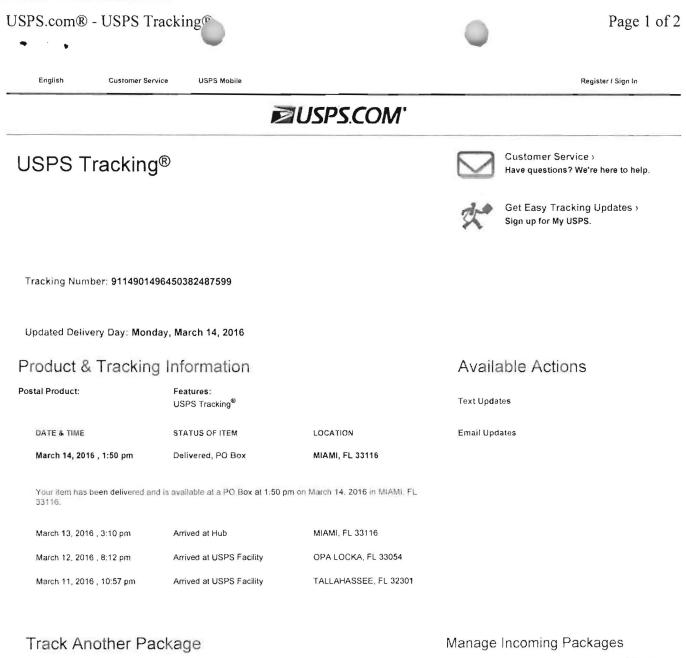
----- -

Page 4

| andidate: Dwight E                                                                                             | Bullard                                                          |            |           |                   | Office: STS    |             |            |
|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|------------|-----------|-------------------|----------------|-------------|------------|
| Report: 2015 M9 (27) Covering Period: 9/1/15 - 9/30/15                                                         |                                                                  |            |           | A                 | ccount: 60314  |             |            |
| al de la companya de |                                                                  |            |           |                   |                |             |            |
| Ibutions                                                                                                       |                                                                  |            |           |                   | Contribution   |             |            |
| tatute FAC                                                                                                     | Description                                                      | Seq        | Date      | Name              | City           | Түре        | Amount     |
| 6.08                                                                                                           | Contribution limits were exceeded - Written explanation required | 2          | 9/9/2015  | FLORIDA HEALTH CA | ARE PAC        | CHE         | \$1,000.00 |
| -2.017 F                                                                                                       | Incorrect contributor type                                       | 10         | 9/1/2015  | FEA ADVOCACY FUN  | DM             | CHE         | \$500.00   |
| 6.08                                                                                                           | Contribution limits were exceeded - Written explanation required | 10         | 9/1/2015  | FEA ADVOCACY FUN  | ND             | CHE         | \$500.00   |
| nditures                                                                                                       |                                                                  |            | <b></b>   |                   | Expenditure    |             |            |
| tatute FAC                                                                                                     | Description                                                      | <u>Seq</u> | Date      | Name              | City           | Type        | Amount     |
| 6-2.017 F                                                                                                      | Explanation of transaction required                              | 22         | 9/29/2015 | AMERICAN AIRLINES | s              | MON         | \$317.11   |
| Transfers                                                                                                      |                                                                  |            |           |                   |                |             |            |
| r Distributions                                                                                                |                                                                  |            |           |                   |                |             |            |
| eport: 2015 M10                                                                                                | (28) Covering Period: 10/1/15 - 10/31/15                         |            |           | A                 | ccount: 60314  |             |            |
| <b>ral</b>                                                                                                     |                                                                  |            |           |                   |                |             |            |
| tributions                                                                                                     |                                                                  |            |           |                   | Contribution   |             |            |
| Statute FAC                                                                                                    | Description                                                      | Seg        | Date      | Name              | <u>City</u>    | <u>Type</u> | Amount     |
| 06.07                                                                                                          | Occupation/business not specific                                 | 5          | 10/9/2015 | CENTENE MANAGE    | MENT           | CHE         | \$500.00   |
| 06.07                                                                                                          | Occupation/business not specific                                 | 9          | 10/9/2015 | 78 POLITICAL COM  | MITTEE         | CHE         | \$1,000.00 |
| nditures                                                                                                       |                                                                  |            |           |                   | Expenditure    |             |            |
|                                                                                                                | Description                                                      | Seq        | Date      | Name              | City           | Type        | Amount     |
| tatute FAC<br>S-2.017 F                                                                                        | Description<br>Explanation of transaction required               | 3          | 10/5/2015 | AMERICAN AIRLINE  | S              | MON         | \$456.20   |
| Transfers                                                                                                      |                                                                  |            |           |                   |                |             |            |
| er Distributions                                                                                               |                                                                  |            |           |                   | _              |             |            |
| eport: 2015 M11                                                                                                | (29) Covering Period: 11/1/15 - 11/30/15                         |            |           | A                 | Account: 60314 |             |            |
| a                                                                                                              |                                                                  |            |           |                   |                |             |            |
| tributions                                                                                                     |                                                                  |            |           |                   | Contribution - |             |            |
| Statute FAC                                                                                                    | Description                                                      | Seq        | Date      | <u>Name</u>       | City           | Type        | Amount     |
|                                                                                                                |                                                                  |            |           |                   |                |             |            |

| 3/11/2016    |               |                                | Florida Department of State | - Division o | f Elections |                  |                |      | Page 5   |   |
|--------------|---------------|--------------------------------|-----------------------------|--------------|-------------|------------------|----------------|------|----------|---|
|              |               |                                | Compliance                  | Report       |             |                  |                |      |          | * |
| Candida      | te: Dwight Bu | ullard                         |                             |              |             |                  | Office: STS    |      |          |   |
| Report:      | 2015 M11      | (29) Covering Period           | 11/1/15 - 11/30/15          |              |             | <i>k</i>         | Account: 60314 |      |          | • |
| upenditures  | 3             |                                |                             |              |             |                  | Expenditure    |      |          |   |
| Statute      | FAC           | Description                    |                             | Seq          | Date        | Name             | City           | Type | Amount   |   |
| 106.07       |               | Purpose not specific           |                             | 6            | 11/10/201   | BRANDSMART       |                | MON  | \$103.40 |   |
| nd Transfe   |               |                                |                             |              |             |                  |                |      |          |   |
| ther Distrib |               |                                |                             |              |             |                  |                |      |          | - |
| Report:      | 2015 M12      | (31) Covering Period           | 12/1/15 - 12/31/15          |              |             |                  | Account: 60314 |      |          |   |
| <b>/878</b>  |               |                                |                             |              |             |                  |                |      |          |   |
| intribution: | 3             |                                |                             |              |             |                  |                |      |          |   |
| (penditur es | <u> </u>      |                                |                             |              |             |                  | Expenditure    |      |          |   |
| Statute      | FAC           | Description                    |                             | Seq          | Date        | Name             | City           | Туре | Amount   |   |
| 1S-2.017 F   |               | Explanation of transaction red | uired                       | 17           | 12/1/2015   | PINE VILLA ELEME | NTARY PTA      | MON  | \$150.00 |   |
| md Transfe   | <b>r</b> s    |                                |                             |              |             |                  |                |      |          |   |

ther Distributions



Tracking (or receipt) number

Track It

Track all your packages from a dashboard. No tracking numbers necessary.

Sign up for My USPS >



HELPFUL LINKS Contact Us Site Index FAQs ON ABOUT.USPS COM About USPS Home Newsroom USPS Service Updates Forms & Publications Government Services Careers

OTHER USPS SITES Business Customer Gateway Postal Inspectors Inspector General Postal Explorer National Postal Museum Resources for Developers LEGAL INFORMATION Privacy Policy Terms of Use FOIA No FEAR Act EEO Data

Copyright © 2016 USPS All Rights Reserved

HISTORY NOTES Dwight Mitchell Bullard - 60314

| Unique ID                                                                                    | Date Recorded                                                                                                  | Last Edited Date                                                                                                                                                              | Orginally Recorded By                            |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| 45009                                                                                        | 10/9/2015 11:16:00 AM                                                                                          |                                                                                                                                                                               | jhayala                                          |
| re: Audit Email                                                                              |                                                                                                                |                                                                                                                                                                               |                                                  |
| 9/3/15- Emailed Mr. Bullard re                                                               | egarding audit letter. Jha No res                                                                              | ponse back.                                                                                                                                                                   |                                                  |
| 44658                                                                                        | 9/15/2015 1:36:00 PM                                                                                           |                                                                                                                                                                               | ejrowlette                                       |
| out on 8/13, 8/26, and 9/9/15, attention. I asked him to call                                | Bullard but got his voice mail. I e<br>. I explained that these errors ar<br>the division if he needed assista | explained that this phone call was in refe<br>e primarily empty records on these repo<br>ince in making the necessary corrections<br>erred to the Florida Election Commission | rts that needed his<br>s. I told him that we had |
| 43526                                                                                        | 6/4/2015 10:13:00 AM                                                                                           |                                                                                                                                                                               | jhayala                                          |
| re: Phone call to Sen. Bullard                                                               |                                                                                                                |                                                                                                                                                                               |                                                  |
| 6/4/15- Attempted to contact a voicemail due to it being ful                                 |                                                                                                                | d on CanCom. Call went to voicemail ar                                                                                                                                        | nd was not able to leave                         |
| 43485                                                                                        | 6/3/2015 10:49:00 AM                                                                                           |                                                                                                                                                                               | jhayala                                          |
| Re: Email to Sen. Bullard reg                                                                | arding audi letter.                                                                                            |                                                                                                                                                                               |                                                  |
| A copy of the email is as follo                                                              | ws:                                                                                                            |                                                                                                                                                                               |                                                  |
| Dear Senator Bullard,                                                                        |                                                                                                                |                                                                                                                                                                               |                                                  |
| I am contacting you today reg<br>have noticed a few errors rem                               |                                                                                                                | 016 Candidate Campaign account. Afte                                                                                                                                          | r reviewing the account, I                       |
| For your convenience, I have have any questions, please c                                    |                                                                                                                | email. If you would like assistance in co                                                                                                                                     | rrecting these reports or                        |
| Thank you,                                                                                   |                                                                                                                |                                                                                                                                                                               |                                                  |
| Joanna Ayala<br>Regulatory Specialist I<br>Division of Elections<br>Helpdesk: (850) 245-6280 |                                                                                                                |                                                                                                                                                                               |                                                  |
| 39763                                                                                        | 9/25/2014 11:44:00 AM                                                                                          |                                                                                                                                                                               | ejrowlette                                       |
| Re: Errors on M7 report<br>I telephoned Mr. Bullard at the<br>him and help him repair the e  | e number provided on CanCom.<br>prors on the M7 report. I also to                                              | I got a voice mail. I left the message t<br>Id him that his M8 had an error I'd help h                                                                                        | nat I'd like to speak with<br>im fix too. Ejr    |
| 36944                                                                                        | 1/31/2014 11:29:00 AM                                                                                          |                                                                                                                                                                               | dsbrown                                          |
| RE: Audit for M10 and M11                                                                    |                                                                                                                |                                                                                                                                                                               |                                                  |
| M11). Explained that these re                                                                | message for Senator Bullard to<br>eports appear as incomplete due<br>mending and correcting his repo           | contact me regarding his campaign fina<br>to errors. Gave my contact information<br>rts.                                                                                      | nce reports (M10 and<br>and asked him to call me |
|                                                                                              |                                                                                                                |                                                                                                                                                                               |                                                  |