

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
FLORIDA PBA INC FRIENDS OF LAW ENFORCEMENT

ADDRESS (number and street) 300 E BREVARD STREET
 Check if different than previously reported. (ACC)
TALLAHASSEE FL 32301

2. **FEC IDENTIFICATION NUMBER** C00349639
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2011 through 06 30 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer DAVID MURRELL

Signature of Treasurer Electronically Filed by DAVID MURRELL Date 07 26 2011

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
FLORIDA PBA INC FRIENDS OF LAW ENFORCEMENT

Report Covering the Period: From: To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <input type="text" value="2011"/>		43085.32
(b) Cash on Hand at Beginning of Reporting Period	43085.32	
(c) Total Receipts (from Line 19)	27170.33	27170.33
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	70255.65	70255.65
7. Total Disbursements (from Line 31)	26000.00	26000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	44255.65	44255.65
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

FLORIDA PBA INC FRIENDS OF LAW ENFORCEMENT

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	27170.33	27170.33
(iii) TOTAL (add Lines 11(a)(i) and (ii)	27170.33	27170.33
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	27170.33	27170.33
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	27170.33	27170.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	27170.33	27170.33

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	7500.00	7500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	18500.00	18500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	26000.00	26000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26000.00	26000.00

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	27170.33	27170.33
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	27170.33	27170.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
FLORIDA PBA INC FRIENDS OF LAW ENFORCEMENT

A.	Full Name (Last, First, Middle Initial) THEODORE ELIOT DEUTCH	Transaction ID: SB23.4413 Date of Disbursement 05 / 23 / 2011
	Mailing Address 12373 CASCADES POINTE DRIVE	Amount of Each Disbursement this Period 5000.00
	City BOCA RATON State FL Zip Code 33428	
	Purpose of Disbursement CD 19	011 Category/ Type
	Candidate Name THEODORE ELIOT DEUTCH	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 19	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) DEBBIE WASSERMAN-SCHULTZ FOR CONGRESS	Transaction ID: SB23.4408 Date of Disbursement 04 / 22 / 2011
	Mailing Address 1071 Twin Branch Ln	Amount of Each Disbursement this Period 2500.00
	City Weston State FL Zip Code 33326	
	Purpose of Disbursement CD 20	011 Category/ Type
	Candidate Name DEBBIE WASSERMAN-SCHULTZ FOR CONGRESS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

7500.00

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

7500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
FLORIDA PBA INC FRIENDS OF LAW ENFORCEMENT

A.	Full Name (Last, First, Middle Initial) THAD ALTMAN	Transaction ID: SB29.4424 Date of Disbursement 06 / 01 / 2011
	Mailing Address 2160 Lionel Drive	Amount of Each Disbursement this Period 500.00
	City MELBOURNE State FL Zip Code 32940	
	Purpose of Disbursement SD 24	011 Category/ Type
	Candidate Name THAD ALTMAN	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) RICHARD CORCORAN	Transaction ID: SB29.4425 Date of Disbursement 06 / 20 / 2011
	Mailing Address 3152 Little Road, Suite 173	Amount of Each Disbursement this Period 500.00
	City TRINITY State FL Zip Code 34655	
	Purpose of Disbursement HD 45	011 Category/ Type
	Candidate Name RICHARD CORCORAN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: FL District: 45	

C.	Full Name (Last, First, Middle Initial) NANCY DETERT	Transaction ID: SB29.4422 Date of Disbursement 06 / 01 / 2011
	Mailing Address 1769 Batello Drive	Amount of Each Disbursement this Period 500.00
	City VENICE State FL Zip Code 34292	
	Purpose of Disbursement SD 23	011 Category/ Type
	Candidate Name NANCY DETERT	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: FL District:	

SUBTOTAL of Disbursements This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
FLORIDA PBA INC FRIENDS OF LAW ENFORCEMENT

A.	Full Name (Last, First, Middle Initial) DICK GRECO	Transaction ID: SB29.4397 Date of Disbursement 01 / 03 / 2011
	Mailing Address 4001 W KENNEDY BLVD	Amount of Each Disbursement this Period 500.00
	City TAMPA State FL Zip Code 33609	
	Purpose of Disbursement TAMPA MAYORAL Candidate Name DICK GRECO	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) RICK KRISMAN	Transaction ID: SB29.4411 Date of Disbursement 05 / 18 / 2011
	Mailing Address Post Office Box 48806	Amount of Each Disbursement this Period 500.00
	City ST PETERSBURG State FL Zip Code 33743	
	Purpose of Disbursement HD 53 Candidate Name RICK KRISMAN	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JACK LATVALA	Transaction ID: SB29.4418 Date of Disbursement 06 / 01 / 2011
	Mailing Address 610 South Boulevard	Amount of Each Disbursement this Period 500.00
	City TAMPA State FL Zip Code 33606	
	Purpose of Disbursement SD 16 Candidate Name JACK LATVALA	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
FLORIDA PBA INC FRIENDS OF LAW ENFORCEMENT

A.	Full Name (Last, First, Middle Initial) JOE NEGRON	Transaction ID: SB29.4399
	Mailing Address PO BOX 1816	Date of Disbursement MM / DD / YYYY 01 / 24 / 2011
	City STUART State FL Zip Code 34995	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement SD 28 Category/Type 011 Candidate Name JOE NEGRON Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District:	
B.	Full Name (Last, First, Middle Initial) JIM NORMAN	Transaction ID: SB29.4414
	Mailing Address Post Office Box 273738	Date of Disbursement MM / DD / YYYY 06 / 01 / 2011
	City TAMPA State FL Zip Code 33688	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement SD 12 Category/Type 011 Candidate Name JIM NORMAN Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District:	
C.	Full Name (Last, First, Middle Initial) WILLIAM SNYDER	Transaction ID: SB29.4402
	Mailing Address 11251 SW THUNDER RD	Date of Disbursement MM / DD / YYYY 01 / 31 / 2011
	City STUART State FL Zip Code 34997	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement MARTIN CO SHERIFF Category/Type 011 Candidate Name WILLIAM SNYDER Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District:	

SUBTOTAL of Disbursements This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 11 / 11

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

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

NAME OF COMMITTEE (In Full)
FLORIDA PBA INC FRIENDS OF LAW ENFORCEMENT

A. Full Name (Last, First, Middle Initial) ELEANOR SOBEL <hr/> Mailing Address 3700 North 54th Avenue <hr/> City HOLLYWOOD State FL Zip Code 33021 <hr/> Purpose of Disbursement SD 31 Candidate Name ELEANOR SOBEL Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4400 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 1 1
	Amount of Each Disbursement this Period 500.00 Category/Type 011
B. Full Name (Last, First, Middle Initial) ALAN WILLIAMS <hr/> Mailing Address Post Office Box 10169 <hr/> City TALLAHASSEE State FL Zip Code 32302 <hr/> Purpose of Disbursement HD 8 Candidate Name ALAN WILLIAMS Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4406 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 1 1
	Amount of Each Disbursement this Period 500.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

18500.00