

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 DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

ADDRESS (number and street) 214 South Bronough Street Tallahassee FL 32302

2. FEC IDENTIFICATION NUMBER C00005561 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 09 01 2010 through 09 30 2010

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 Alma Gonzalez

Signature of Treasurer Electronically Filed by Alma Gonzalez Date 07 22 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.

Table with 7 columns and 1 row for Office Use Only

FEC FORM 3X (Rev. 12/2004)

A. Form/Schedule : **F3XA**

Transaction ID :

Transfers received from the DNC, DCCC, DSCC and candidate committees, not including ASDC/Dollars for Democrats and DNC Victory Fund, were not for joint fundraising. None of the transfer in money received from the DNC or DCCC was used in the payments made for exempt activities. None of the expenses listed on Line 21b were public communications or FEA activities. None of the expenditures listed on Line 30b were expressed advocacy. The payments listed on H4, including all consulting fees, were administrative/committee fundraising expenses and not FEA nor in connection with a federal election. Payroll and all related expenses reported on Schedule H4 were for staff that did not spend more than 25% of their time on FEA or in connection with a federal election.....

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	X	Y	Y	Y	2	0	1	0		526685.88
X	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	1488894.74									
(c) Total Receipts (from Line 19) .....	1361137.16	4180875.93								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	2850031.90	4707561.81								
7. Total Disbursements (from Line 31) .....	1535770.64	3593743.87								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1314261.26	1113817.94								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	18541.50									

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

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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) .....	365435.78	1078239.15
(ii) Unitemized .....	6182.00	59449.29
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	371617.78	1137688.44
(b) Political Party Committees .....	58456.23	564751.27
(c) Other Political Committees (such as PACs) .....	29402.00	125802.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	459476.01	1828241.71
12. Transfers From Affiliated/Other Party Committees .....	722323.00	1630496.31
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) .....	7476.05	39947.89
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	890.08
17. Other Federal Receipts (Dividends, Interest, etc.) .....	8547.10	56668.98
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	163315.00	624630.96
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	163315.00	624630.96
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	1361137.16	4180875.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1197822.16	3556244.97

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.....	24599.04	220614.83
(ii) Non-Federal Share.....	92736.98	922376.09
(b) Other Federal Operating Expenditures.....	948277.02	1520765.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1065613.04	2663756.84
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	0.00
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).....	93575.63	93575.63
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	2650.00
(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	2650.00
29. Other Disbursements.....	153525.00	453525.00
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 .....	223056.97	380236.40
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	223056.97	380236.40
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1535770.64	3593743.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1443033.66	2671367.78

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) .....	459476.01	1828241.71
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	2650.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	459476.01	1825591.71
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	972876.06	1741380.75
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	7476.05	39947.89
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	965400.01	1701432.86

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 289  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)  
**DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA**

<p><b>A.</b> Full Name (Last, First, Middle Initial) S. Daniel Abraham</p> <p>Mailing Address 777 S Flagler Dr East Tower, Suite 1000</p> <p>City State Zip Code <b>West Palm Beach FL 33401-6161</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Healthy Foods of America (Formerly Sli) Occupation Chairman</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">5000.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">09 / 14 / 2010</span></p> <p><b>Transaction ID: C4780024</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">5000.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Ayme Acosta</p> <p>Mailing Address 16231 NW 85th Ct</p> <p>City State Zip Code <b>Hialeah FL 33016-8504</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Self-employed Occupation Self employed</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">2500.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">09 / 28 / 2010</span></p> <p><b>Transaction ID: C4799437</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">2500.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Nelson L. Adams, M.D..</p> <p>Mailing Address 1098 NE 95th St</p> <p>City State Zip Code <b>Miami Shores FL 33138-2548</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Access Health Solutions Occupation Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">7000.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">09 / 13 / 2010</span></p> <p><b>Transaction ID: C4786174</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">5000.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">12500.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 289  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA**

**A.** Full Name (Last, First, Middle Initial)  
Piyush C. Agrawal

Mailing Address 1625 Eagle Bnd

City State Zip Code  
**Weston FL 33327-1615**

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

Name of Employer Self-Employed Occupation  
Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **10000.00**

Date of Receipt **09 / 08 / 2010**

**Transaction ID: C4777992**

Amount of Each Receipt this Period **10000.00**

**B.** Full Name (Last, First, Middle Initial)  
Maria T. Aral

Mailing Address 6005 SW 87th Ave

City State Zip Code  
**Miami FL 33173-1621**

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

Name of Employer ABC Charters Occupation  
Travel Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **09 / 17 / 2010**

**Transaction ID: C4786165**

Amount of Each Receipt this Period **5000.00**

**C.** Full Name (Last, First, Middle Initial)  
Bill Barzee

Mailing Address 608 Majorca Ave

City State Zip Code  
**Coral Gables FL 33134-3753**

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

Name of Employer Self-employed Occupation  
Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **09 / 16 / 2010**

**Transaction ID: C4790986**

Amount of Each Receipt this Period **5000.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **20000.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 289  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA**

<p><b>A.</b> Full Name (Last, First, Middle Initial) William Barzee</p> <p>Mailing Address 608 Majorca Ave</p> <p>City State Zip Code Coral Gables FL 33134-3753</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Self Employed Occupation Self Employed Attorney</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">3500.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">09 / 29 / 2010</span></p> <p><b>Transaction ID: C4804828</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">2000.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Pablo Best</p> <p>Mailing Address 623 N Federal Hwy</p> <p>City State Zip Code Pompano Beach FL 33062-4301</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Self-employed Occupation Self-employed Student</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">827.26</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">09 / 16 / 2010</span></p> <p><b>Transaction ID: C4961301</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">827.26</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Sabine Bittel</p> <p>Mailing Address 801 Arthur Godfrey Rd</p> <p>City State Zip Code Miami Beach FL 33140-3323</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Miami Beach Public Schools Occupation Miami Beach Public Schools Teacher</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">10000.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">09 / 13 / 2010</span></p> <p><b>Transaction ID: C4786179</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">10000.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">12827.26</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 289  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)  
James Brookins

Mailing Address 6004 Windham Pl

City Tampa State FL Zip Code 33647-1149

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

Name of Employer Access Health Solutions Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 09 / 27 / 2010  
Transaction ID: C4799369  
Amount of Each Receipt this Period 5000.00

**B.**

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

Mailing Address 412 Farmers Market Rd

City Fort Pierce State FL Zip Code 34982-8228

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

Name of Employer Self Employed/ St. Lucie DEC Occupation Business Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 370.00

Date of Receipt 09 / 30 / 2010  
Transaction ID: C4814082  
Amount of Each Receipt this Period 25.00

**C.**

Full Name (Last, First, Middle Initial)  
Lorenzo Cabrera

Mailing Address 9008 SW 214th St

City Cutler Bay State FL Zip Code 33189-3783

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

Name of Employer Cabrera Servicios Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 6000.00

Date of Receipt 09 / 22 / 2010  
Transaction ID: C4923475  
Amount of Each Receipt this Period 6000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 11025.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.** Full Name (Last, First, Middle Initial)  
Jacques Calixte

Mailing Address 269 NW 7th St  
Apt 219

City Miami State FL Zip Code 33136-3903

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

Name of Employer Hatian America Association Occupation Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 09 / 14 / 2010  
Transaction ID: C4780015  
Amount of Each Receipt this Period 10000.00

**B.** Full Name (Last, First, Middle Initial)  
Campaign Account of Marline Bastien

Mailing Address PO Box 381255

City Miami State FL Zip Code 33238-1255

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 09 / 03 / 2010  
Transaction ID: C4772947  
Amount of Each Receipt this Period 1500.00

**C.** Full Name (Last, First, Middle Initial)  
Robert Carraway

Mailing Address 7250 Spring Mountain Ln

City Yalaha State FL Zip Code 34797-3098

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

Name of Employer University of Massachusetts Occupation Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2010  
Transaction ID: C4799450  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 12000.00

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

B. Form/Schedule : **SA11AI**  
Transaction ID : **C4772947**

The receipt from Campaign Account of Marline Bastien was for voter file purchase as fair market value. The Committee assessed the usual and normal charge for the goods and/or services provided. The market value was set after analyzing comparable vendors in the surrounding area/market

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 289  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)  
Jose Carrillo

Mailing Address 5820 Blue Lagoon Dr  
Ste 125

City Miami State FL Zip Code 33126-2579

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

Name of Employer Gimenez & Carrillo, LLC Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 21 / 2010  
Transaction ID: C4923474  
Amount of Each Receipt this Period 2500.00

**B.**

Full Name (Last, First, Middle Initial)  
Ceridian Cobra Services

Mailing Address 3201 34th St S

City Saint Petersburg State FL Zip Code 33711-3828

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 702.88

Date of Receipt 09 / 17 / 2010  
Transaction ID: C4786168  
Amount of Each Receipt this Period 702.88

**C.**

Full Name (Last, First, Middle Initial)  
Chris Chestnut

Mailing Address 500 E University Ave  
Ste C

City Gainesville State FL Zip Code 32601-3458

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

Name of Employer The Chestnut Law Firm Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2010  
Transaction ID: C4814122  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4202.88

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

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

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

FOR LINE NUMBER: PAGE 14 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.** Full Name (Last, First, Middle Initial)  
Arthur Collins

Mailing Address 3911 Lorcom Ln

City State Zip Code  
Arlington VA 22207-5129

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

Name of Employer Public Private Partnershi-  
p, Inc. Occupation Political Strategist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	7	/	2	0	1	0

**Transaction ID:** C4923467

Amount of Each Receipt this Period  
10000.00

**B.** Full Name (Last, First, Middle Initial)  
Sara Dassance

Mailing Address 1757 SE 5th St

City State Zip Code  
Ocala FL 34471-2509

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	3	/	2	0	1	0

**Transaction ID:** C4923518

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Arlen Dominek

Mailing Address 50 East Rd  
Apt 2G

City State Zip Code  
Delray Beach FL 33483-7036

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

Name of Employer Peer Consulting Occupation Consultant

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2025.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	3	/	2	0	1	0

**Transaction ID:** C4791020

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **12250.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 289  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)  
Sean Domnick

Mailing Address 5100 Pga Blvd  
Ste 317

City State Zip Code  
Palm Beach Gardens FL 33418-3956

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

Name of Employer Domnick & Shevin PL Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 7700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 2 3 / 2 0 1 0

Transaction ID: C4923525

Amount of Each Receipt this Period  
7700.00

**B.**

Full Name (Last, First, Middle Initial)  
Sally Katzen Dyk

Mailing Address 4638 30th St NW

City State Zip Code  
Washington DC 20008-2127

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

Name of Employer george mason law school Occupation professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 0 8 / 2 0 1 0

Transaction ID: C4777988

Amount of Each Receipt this Period  
5000.00

**C.**

Full Name (Last, First, Middle Initial)  
Michael Dyson

Mailing Address 4411 Connecticut Ave NW  
Apt 111

City State Zip Code  
Washington DC 20008-2355

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

Name of Employer Georgetown Occupation Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 1 3 / 2 0 1 0

Transaction ID: C4786173

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 17700.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 289  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)  
Yolanda Escollies

Mailing Address 5333 Collins Ave  
Apt 1106

City Miami Beach State FL Zip Code 33140-3248

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 505.00

Date of Receipt 09 / 16 / 2010

Transaction ID: C4923485

Amount of Each Receipt this Period 50.00

**B.**

Full Name (Last, First, Middle Initial)  
Ronald Esserman

Mailing Address 10455 NW 12th St

City Doral State FL Zip Code 33172-2736

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

Name of Employer Self-Employed Occupation Car Dealer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 09 / 08 / 2010

Transaction ID: C4777995

Amount of Each Receipt this Period 4000.00

**C.**

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

Mailing Address 109 Wells Rd

City Palm Beach State FL Zip Code 33480-3622

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

Name of Employer Florida Crystals Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 09 / 17 / 2010

Transaction ID: C4923501

Amount of Each Receipt this Period 10000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 14050.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 289  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)  
Cathie Fanjul

Mailing Address 109 Wells Rd

City State Zip Code  
Palm Beach FL 33480-3622

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt  
MM / DD / YYYY  
09 / 17 / 2010

**Transaction ID:** C4923468

Amount of Each Receipt this Period  
10000.00

**B.**

Full Name (Last, First, Middle Initial)  
Lillian F. Fernandez

Mailing Address 246 Eden Rd

City State Zip Code  
Palm Beach FL 33480-3316

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

Name of Employer Self - Employed Occupation Interior Designer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt  
MM / DD / YYYY  
09 / 16 / 2010

**Transaction ID:** C4923494

Amount of Each Receipt this Period  
10000.00

**C.**

Full Name (Last, First, Middle Initial)  
Luis Fernandez

Mailing Address 246 Eden Rd

City State Zip Code  
Palm Beach FL 33480-3316

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

Name of Employer Flo-Sun Sugar Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt  
MM / DD / YYYY  
09 / 16 / 2010

**Transaction ID:** C4923495

Amount of Each Receipt this Period  
10000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **30000.00**

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

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

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

FOR LINE NUMBER: PAGE 18 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.** Full Name (Last, First, Middle Initial)  
Rida Friedkin  
Mailing Address PO Box 126100  
City Hialeah State FL Zip Code 33012-1601  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation Self-employed  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 10000.00  
Date of Receipt 09 / 16 / 2010  
Transaction ID: C4790989  
Amount of Each Receipt this Period 10000.00

**B.** Full Name (Last, First, Middle Initial)  
Steven J. Green  
Mailing Address 2601 S Bayshore Dr FI 9  
City Miami State FL Zip Code 33133-5417  
FEC ID number of contributing federal political committee. **C**  
Name of Employer greenstreet partners Occupation managing director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 10000.00  
Date of Receipt 09 / 08 / 2010  
Transaction ID: C4777990  
Amount of Each Receipt this Period 10000.00

**C.** Full Name (Last, First, Middle Initial)  
Bill Heller  
Mailing Address 960 Water Lily Ct NE  
City Saint Petersburg State FL Zip Code 33703-3136  
FEC ID number of contributing federal political committee. **C**  
Name of Employer State of Florida Occupation State Representative  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 10100.00  
Date of Receipt 09 / 14 / 2010  
Transaction ID: C4785922  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 20100.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 19 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.** Full Name (Last, First, Middle Initial)  
Bill Heller

Mailing Address 960 Water Lily Ct NE

City State Zip Code  
Saint Petersburg FL 33703-3136

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

Name of Employer State of Florida      Occupation State Representative

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      10100.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	6	/	2	0	1	0

**Transaction ID:** C4785930

Amount of Each Receipt this Period  
10000.00

**B.** Full Name (Last, First, Middle Initial)  
Sally Heyman

Mailing Address 1050 NE 181st St

City State Zip Code  
North Miami Beach FL 33162-1220

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

Name of Employer Miami Dade County Commission      Occupation County Commissioner

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	7	/	2	0	1	0

**Transaction ID:** C4786164

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Donald Hinkle

Mailing Address 3710 Bobbin Mill Rd

City State Zip Code  
Tallahassee FL 32312-1202

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

Name of Employer Hinkle & Foran      Occupation Attorney

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      15000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	0	/	2	0	1	0

**Transaction ID:** C4791022

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **16000.00**

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

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

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

FOR LINE NUMBER: PAGE 20 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.** Full Name (Last, First, Middle Initial)  
Cheryl D Hochberg

Mailing Address 1081 Waterside Ln

City State Zip Code  
Hollywood FL 33019-5004

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

Name of Employer Self-employed Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
09 / 28 / 2010

**Transaction ID:** C4799384

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
John Jacob

Mailing Address 2525 1st St

City State Zip Code  
Fort Myers FL 33901-2465

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

Name of Employer Retired Occupation retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1943.00

Date of Receipt  
MM / DD / YYYY  
09 / 22 / 2010

**Transaction ID:** C4791004

Amount of Each Receipt this Period  
1943.00

**C.** Full Name (Last, First, Middle Initial)  
Billy Joel

Mailing Address 5600 Island Blvd.

City State Zip Code  
Aventura FL 33160

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

Name of Employer City of Aventura Occupation Comissioner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
09 / 17 / 2010

**Transaction ID:** C4923470

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2693.00**

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

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

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

FOR LINE NUMBER: PAGE 21 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.** Full Name (Last, First, Middle Initial)  
Jesse Johnson

Mailing Address 6627 Butler Oaks Ct

City State Zip Code  
Spring TX 77389-2921

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

Name of Employer Self-employed Occupation Musician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 09 / 17 / 2010  
Transaction ID: C4961855  
Amount of Each Receipt this Period 10000.00

**B.** Full Name (Last, First, Middle Initial)  
Russ Jollivette

Mailing Address 4800 Deerwood Campus Pkwy  
Dcc3-4

City State Zip Code  
Jacksonville FL 32246-6498

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

Name of Employer Blue Cross & Blue Shields Occupation Vice President of Public Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 03 / 2010  
Transaction ID: C4777885  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Joel Karp

Mailing Address 900 Brickell Key Blvd

City State Zip Code  
Miami FL 33131-3742

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

Name of Employer Self-employed Occupation attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 20 / 2010  
Transaction ID: C4791025  
Amount of Each Receipt this Period 2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 13500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 289

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)  
Inran Khan

Mailing Address 110 Central Park S  
Apt 5B

City State Zip Code  
New York NY 10019-1525

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

Name of Employer Occupation  
JP Morgan Chase managing director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 7500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2010

Transaction ID: C4814130

Amount of Each Receipt this Period

7500.00

**B.**

Full Name (Last, First, Middle Initial)  
Yazan Khatib

Mailing Address 10110 Whippoorwill Ln

City State Zip Code  
Jacksonville FL 32256-0503

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

Name of Employer Occupation  
Heart & Vessell Care Doctor

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 23 / 2010

Transaction ID: C4795785

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)  
Deirdre Kyle

Mailing Address 14816 Amelia View Dr

City State Zip Code  
Jacksonville FL 32226-4461

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

Name of Employer Occupation  
Self-employed Consultant

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 14 / 2010

Transaction ID: C4780021

Amount of Each Receipt this Period

2500.00

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

15000.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.** Full Name (Last, First, Middle Initial)  
Marsha Laufer  
Mailing Address 1740 S Ocean Blvd  
City Lantana State FL Zip Code 33462-6222  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 10000.00  
Date of Receipt 09 / 21 / 2010  
Transaction ID: C4789318  
Amount of Each Receipt this Period 5000.00

**B.** Full Name (Last, First, Middle Initial)  
Marsha Laufer  
Mailing Address 1740 S Ocean Blvd  
City Lantana State FL Zip Code 33462-6222  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 10000.00  
Date of Receipt 09 / 21 / 2010  
Transaction ID: C4789319  
Amount of Each Receipt this Period 5000.00

**C.** Full Name (Last, First, Middle Initial)  
Ira H. Leesfield  
Mailing Address 2350 S Dixie Hwy  
City Miami State FL Zip Code 33133-2314  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Leesfield, Layton & Rubio Occupation Attorney  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt 09 / 21 / 2010  
Transaction ID: C4789323  
Amount of Each Receipt this Period 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 15000.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 289  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)  
George Lindemann, Jr.

Mailing Address 4500 Biscayne Blvd  
Suite 105

City Miami Beach State FL Zip Code 33140

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

Name of Employer B.C. Property Investment Occupation Businessman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 09 / 20 / 2010

Transaction ID: C4790996

Amount of Each Receipt this Period 10000.00

**B.**

Full Name (Last, First, Middle Initial)  
Norma Gene Lykes

Mailing Address 17 Bahama Cir

City Tampa State FL Zip Code 33606-3317

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

Name of Employer Homemaker Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5250.00

Date of Receipt 09 / 22 / 2010

Transaction ID: C4791006

Amount of Each Receipt this Period 5000.00

**C.**

Full Name (Last, First, Middle Initial)  
Stephen Marino

Mailing Address 100 SE 2nd St  
Ste 2150

City Miami State FL Zip Code 33131-2137

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

Name of Employer Ver Ploeg & Lumpkin, P.A. Occupation attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 29 / 2010

Transaction ID: C4799731

Amount of Each Receipt this Period 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 20000.00

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

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

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

FOR LINE NUMBER: PAGE 25 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.** Full Name (Last, First, Middle Initial)  
Daryl Mays

Mailing Address 88 West Traces Ferry Rd  
#2420

City Atlanta State GA Zip Code 30305

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

Name of Employer NSRO company Occupation President and CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 16 / 2010  
Transaction ID: C4790984  
Amount of Each Receipt this Period 5000.00

**B.** Full Name (Last, First, Middle Initial)  
Roger Medel

Mailing Address 12923 Grand Oaks Dr

City Davie State FL Zip Code 33330-5305

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

Name of Employer Pediatric Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 09 / 29 / 2010  
Transaction ID: C4804827  
Amount of Each Receipt this Period 10000.00

**C.** Full Name (Last, First, Middle Initial)  
Alan Meltzer

Mailing Address 6500 Rock Spring Dr  
Ste 500

City Bethesda State MD Zip Code 20817-1149

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

Name of Employer Meltzer Group Occupation Insurance Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 27 / 2010  
Transaction ID: C4923545  
Amount of Each Receipt this Period 2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 17000.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.** Full Name (Last, First, Middle Initial)  
Sara Morgan

Mailing Address 2121 Kirby Dr  
Unit 99

City State Zip Code  
Houston TX 77019-6067

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

Name of Employer Occupation  
Unemployed Unemployed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
09 / 01 / 2010

**Transaction ID:** C4923400

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
Padro Munilla

Mailing Address 6201 SW 70th St

City State Zip Code  
South Miami FL 33143-4718

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

Name of Employer Occupation  
Executive MCM Corporation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
09 / 13 / 2010

**Transaction ID:** C4786171

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
Alfredo Murciano

Mailing Address 330 Casuarina Concourse

City State Zip Code  
Coral Gables FL 33143-6508

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

Name of Employer Occupation  
Self Doctor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
09 / 20 / 2010

**Transaction ID:** C4923472

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 12500.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.** Full Name (Last, First, Middle Initial)  
Linda F Murphy  
Mailing Address 3575 Battersea Rd  
City Miami State FL Zip Code 33133-6802  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Investor  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 09 / 17 / 2010  
Transaction ID: C4786182  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Merry T O'Donnell  
Mailing Address 431 N Lyra Cir  
City Juno Beach State FL Zip Code 33408-1901  
FEC ID number of contributing federal political committee. **C**  
Name of Employer retired Occupation None  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00  
Date of Receipt 09 / 17 / 2010  
Transaction ID: C4786184  
Amount of Each Receipt this Period 3000.00

**C.** Full Name (Last, First, Middle Initial)  
John P. Ottino, III  
Mailing Address 5561 Oakview Ter  
City Fort Lauderdale State FL Zip Code 33312-6268  
FEC ID number of contributing federal political committee. **C**  
Name of Employer The Berkley Group Occupation Real Estate Developer  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt 09 / 17 / 2010  
Transaction ID: C4786183  
Amount of Each Receipt this Period 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 9000.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 289

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Daryl D. Parks

Mailing Address 240 N Magnolia Dr

City State Zip Code  
Tallahassee FL 32301-2638

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

Name of Employer Occupation  
Attorney Parks & Crump LLC

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 13 / 2010

Transaction ID: C4786175

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Daryl Parks

Mailing Address 240 N Magnolia Dr

City State Zip Code  
Tallahassee FL 32301-2638

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

Name of Employer Occupation  
Parks & Crump, LLC Lawyer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 17 / 2010

Transaction ID: C4923471

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Ralph B Parrish Jr, Jr

Mailing Address 403 E Park Ave

City State Zip Code  
Tallahassee FL 32301-1515

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

Name of Employer Occupation  
Ralph B Parrish Jr Consultant

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 21 / 2010

Transaction ID: C4789329

Amount of Each Receipt this Period

2500.00

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

8500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 289  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.** Full Name (Last, First, Middle Initial)  
Zoya Passalacqua

Mailing Address 4211 S Ocean Blvd  
Apt 3

City Highland Beach State FL Zip Code 33487-4243

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

Name of Employer Remax Occupation realtor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 09 / 28 / 2010  
**Transaction ID: C4799377**  
Amount of Each Receipt this Period: 1500.00

**B.** Full Name (Last, First, Middle Initial)  
Dennis Pastrana

Mailing Address PO Box 352273

City Miami State FL Zip Code 33135-8273

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

Name of Employer Goodwill Industries Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 09 / 23 / 2010  
**Transaction ID: C4795786**  
Amount of Each Receipt this Period: 5000.00

**C.** Full Name (Last, First, Middle Initial)  
Ariel Pereda

Mailing Address PO Box 551073

City Ft Lauderdale State FL Zip Code 33355-1073

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

Name of Employer Pereda & Associates Corp. Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 09 / 25 / 2010  
**Transaction ID: C4923541**  
Amount of Each Receipt this Period: 2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 9000.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 289  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.** Full Name (Last, First, Middle Initial)  
Toni Randolph  
Mailing Address 4814 Fisher Island Dr  
City Miami Beach State FL Zip Code 33109-0174  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00  
Date of Receipt 09 / 13 / 2010  
Transaction ID: C4786181  
Amount of Each Receipt this Period 2000.00

**B.** Full Name (Last, First, Middle Initial)  
Kathleen P Ryan  
Mailing Address 3468 Anguilla Way  
City Naples State FL Zip Code 34119-1615  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00  
Date of Receipt 09 / 30 / 2010  
Transaction ID: C4814079  
Amount of Each Receipt this Period 25.00

**C.** Full Name (Last, First, Middle Initial)  
William Sanchez  
Mailing Address 698 NW 134th Pl  
City Miami State FL Zip Code 33182-1668  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation immigration lawyer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 712.64  
Date of Receipt 09 / 14 / 2010  
Transaction ID: C4780044  
Amount of Each Receipt this Period 712.64

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2737.64  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 31 / 289  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.** Full Name (Last, First, Middle Initial)  
Gilbert Lee Sandler

Mailing Address 5200 Blue Lagoon Dr

City State Zip Code  
Miami FL 33126-7006

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

Name of Employer Sandler, Travis & Rosenberg  
Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2010

**Transaction ID:** C4804829

Amount of Each Receipt this Period  
2400.00

**B.** Full Name (Last, First, Middle Initial)  
Mark P Schnapp

Mailing Address 450 Alton Rd  
Apt 2305

City State Zip Code  
Miami Beach FL 33139-6765

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

Name of Employer Greenberg Traurig  
Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2010

**Transaction ID:** C4799382

Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
Seminole Tribe Of Florida

Mailing Address 6300 Stirling Rd

City State Zip Code  
Hollywood FL 33024-2153

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

Name of Employer

Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 23 / 2010

**Transaction ID:** C4795788

Amount of Each Receipt this Period  
10000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **13900.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 289

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b>	Full Name (Last, First, Middle Initial) Jerry Sokol		Date of Receipt MM / DD / YYYY 09 / 29 / 2010		
	Mailing Address 437 N Hibiscus Dr		<b>Transaction ID:</b> C4799739		
	City Miami Beach	State FL	Zip Code 33139-5125	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer mcdermont, will and emery	Occupation Attorney			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Jeffrey Solomon		Date of Receipt MM / DD / YYYY 09 / 15 / 2010		
	Mailing Address 13865 S Dixie Hwy Ste 307		<b>Transaction ID:</b> C4923482		
	City Miami	State FL	Zip Code 33176-7221	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Chiropractor			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Christopher Spock		Date of Receipt MM / DD / YYYY 09 / 28 / 2010		
	Mailing Address 10 High Hill Rd		<b>Transaction ID:</b> C4799374		
	City Canton	State CT	Zip Code 06019-2225	Amount of Each Receipt this Period 400.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-employed	Occupation Dermatologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

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

1450.00

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

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

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

FOR LINE NUMBER: PAGE 33 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.** Full Name (Last, First, Middle Initial)  
Scott A. Srebnick

Mailing Address 6686 Edenbury lane

City State Zip Code  
Miami Beach FL 33141

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

Name of Employer Self-employed Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
09 / 03 / 2010

**Transaction ID:** C4777884

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
Robin Suarez

Mailing Address 3722 Upper Union Rd

City State Zip Code  
Orlando FL 32814-6528

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

Name of Employer Attorney Occupation atty

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
09 / 12 / 2010

**Transaction ID:** C4923492

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Silvia Trujillo

Mailing Address 14201 SW 130th Ave

City State Zip Code  
Miami FL 33186-8950

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

Name of Employer Self Employed Occupation Artist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
09 / 28 / 2010

**Transaction ID:** C4799438

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 289  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)  
Bruce L Udolf, PA

Mailing Address 3351 NW Boca Raton Blvd

City State Zip Code  
Boca Raton FL 33431-6623

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

Name of Employer Self-employed Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
09 / 28 / 2010

**Transaction ID:** C4799375

Amount of Each Receipt this Period  
1500.00

**B.**

Full Name (Last, First, Middle Initial)  
Ward Wagner Jr

Mailing Address 1753 Flagler Manor Cir

City State Zip Code  
West Palm Beach FL 33411-5111

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
09 / 23 / 2010

**Transaction ID:** C4923530

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Amy Wall-Bobker

Mailing Address 2921 Medinah

City State Zip Code  
Weston FL 33332-1849

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

Name of Employer Unisa America Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt  
MM / DD / YYYY  
09 / 08 / 2010

**Transaction ID:** C4777993

Amount of Each Receipt this Period  
10000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **11750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 289  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.** Full Name (Last, First, Middle Initial)  
William M. Webster, IV

Mailing Address 184 Mills Ave

City State Zip Code  
Spartanburg SC 29302-1940

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

Name of Employer Occupation  
Advance America Real Estate Development

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt  
MM / DD / YYYY  
09 / 24 / 2010

Transaction ID: C4791016

Amount of Each Receipt this Period  
10000.00

**B.** Full Name (Last, First, Middle Initial)  
Frank White Jr.

Mailing Address 11747 Veirs Mill Rd

City State Zip Code  
Silver Spring MD 20902-2449

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

Name of Employer Occupation  
Self-employed Self-employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
MM / DD / YYYY  
09 / 27 / 2010

Transaction ID: C4799486

Amount of Each Receipt this Period  
3000.00

**C.** Full Name (Last, First, Middle Initial)  
Joe R Zednik

Mailing Address 26920 Montego Pointe Ct

City State Zip Code  
Bonita Spgs FL 34134-0733

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

Name of Employer Occupation  
Lakeshore Trading LLC Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt  
MM / DD / YYYY  
09 / 03 / 2010

Transaction ID: C4777883

Amount of Each Receipt this Period  
10000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>23000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>365435.78</b>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 289  
(check only one)

<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)  
Democratic National Committee Services Corporation

Mailing Address 430 S Capitol St SE

City Washington State DC Zip Code 20003-4024

FEC ID number of contributing federal political committee. **C** C00010603

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1510345.94

Date of Receipt: 09 / 01 / 2010  
**Transaction ID: C4958387**

Amount of Each Receipt this Period: 6046.84

\* In-Kind: Rent & Utilities

**B.**

Full Name (Last, First, Middle Initial)  
Democratic National Committee Services Corporation

Mailing Address 430 S Capitol St SE

City Washington State DC Zip Code 20003-4024

FEC ID number of contributing federal political committee. **C** C00010603

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1510345.94

Date of Receipt: 09 / 05 / 2010  
**Transaction ID: C4958367**

Amount of Each Receipt this Period: 3220.00

\* In-Kind: Voter File Access

**C.**

Full Name (Last, First, Middle Initial)  
Democratic National Committee Services Corporation

Mailing Address 430 S Capitol St SE

City Washington State DC Zip Code 20003-4024

FEC ID number of contributing federal political committee. **C** C00010603

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1510345.94

Date of Receipt: 09 / 15 / 2010  
**Transaction ID: C4958391**

Amount of Each Receipt this Period: 34672.05

\* In-Kind: Salary & Benefits

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **43938.89**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 289  
(check only one)

<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)  
Democratic National Committee Services Corporation

Mailing Address 430 S Capitol St SE

City	State	Zip Code
Washington	DC	20003-4024

FEC ID number of contributing federal political committee. **C** C00010603

Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1510345.94

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2010

Transaction ID: C4958392

Amount of Each Receipt this Period  
14517.34

\* In-Kind: Payroll & Benefits

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	14517.34
<b>TOTAL</b> This Period (last page this line number only) .....	▶	58456.23

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

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

FOR LINE NUMBER: PAGE 38 / 289  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.** Full Name (Last, First, Middle Initial)  
Human Rights Campaign PAC - LGBT Advocates  
Mailing Address 1640 Rhode Island Ave NW

City State Zip Code  
Washington DC 20036-3200

FEC ID number of contributing federal political committee. **C** C00235853

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 9402.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 3 0 / 2 0 1 0

**Transaction ID:** C4802554

Amount of Each Receipt this Period 4402.00

\* In-Kind: Salary & Benefits

**B.** Full Name (Last, First, Middle Initial)  
I.B.E.W. Educational Committee  
Mailing Address 1125 15th St NW

City State Zip Code  
Washington DC 20005-2721

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 2 9 / 2 0 1 0

**Transaction ID:** C4804826

Amount of Each Receipt this Period 5000.00

**C.** Full Name (Last, First, Middle Initial)  
Prairie zpolitical Committee  
Mailing Address P. O. Box 2002

City State Zip Code  
Speingfield IL 62705-2002

FEC ID number of contributing federal political committee. **C** C00347195

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 2 7 / 2 0 1 0

**Transaction ID:** C4799477

Amount of Each Receipt this Period 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 14402.00

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

B. Form/Schedule : **SA11C**  
Transaction ID : **C4804826**

Check number 21214 was received from I.B.E.W.Educational Committee on 9/29/10 by the Democratic Executive Committee of Florida.

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

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

FOR LINE NUMBER: PAGE 40 / 289  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.** Full Name (Last, First, Middle Initial)  
Southern Wine & Spirits  
Mailing Address 163 NW 163rd St.  
City Miami State FL Zip Code 33169-5641  
FEC ID number of contributing federal political committee. **C** C00217877  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt 09 / 08 / 2010  
Transaction ID: C4777991  
Amount of Each Receipt this Period 5000.00

**B.** Full Name (Last, First, Middle Initial)  
The NEA Fund for Children & Public Education  
Mailing Address 1201 16th St NW Ste 421  
City Washington State DC Zip Code 20036-3201  
FEC ID number of contributing federal political committee. **C** C00003251  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt 09 / 30 / 2010  
Transaction ID: C4804830  
Amount of Each Receipt this Period 5000.00

**C.** Full Name (Last, First, Middle Initial)  
UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNI  
Mailing Address 1775 K St NW  
City Washington State DC Zip Code 20006-1228  
FEC ID number of contributing federal political committee. **C** C70003645  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt 09 / 21 / 2010  
Transaction ID: C4789327  
Amount of Each Receipt this Period 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 15000.00  
**TOTAL** This Period (last page this line number only) ..... ► 29402.00

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

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

FOR LINE NUMBER: PAGE 41 / 289

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)  
Bridge PAC James E. Clyburn Honorary Chair

Mailing Address 499 S Capitol St SW  
Ste 422

City State Zip Code  
Washington DC 20003-4028

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 27 / 2010

Transaction ID: C4799483

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Castor For Congress

Mailing Address 301 W Platt St  
# 385

City State Zip Code  
Tampa FL 33606-2292

FEC ID number of contributing federal political committee. **C** C00410761

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
30000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 29 / 2010

Transaction ID: C4813040

Amount of Each Receipt this Period

30000.00

**C.**

Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE

City State Zip Code  
Washington DC 20003-4024

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
653332.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 13 / 2010

Transaction ID: C4780085

Amount of Each Receipt this Period

23825.00

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

58825.00

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

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

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

FOR LINE NUMBER: PAGE 42 / 289  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee  
Mailing Address 430 S Capitol St SE

City Washington State DC Zip Code 20003-4024

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 653332.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 15 / 2010

**Transaction ID:** C4780084

Amount of Each Receipt this Period  
54070.00

**B.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee  
Mailing Address 430 S Capitol St SE

City Washington State DC Zip Code 20003-4024

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 653332.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 17 / 2010

**Transaction ID:** C4786137

Amount of Each Receipt this Period  
30000.00

**C.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee  
Mailing Address 430 S Capitol St SE

City Washington State DC Zip Code 20003-4024

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 653332.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 17 / 2010

**Transaction ID:** C4786138

Amount of Each Receipt this Period  
12457.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 96527.00

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

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

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

FOR LINE NUMBER: PAGE 43 / 289  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee  
Mailing Address 430 S Capitol St SE  
City Washington State DC Zip Code 20003-4024  
FEC ID number of contributing federal political committee. **C** C00000935  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 653332.00  
Date of Receipt 09 / 23 / 2010  
Transaction ID: C4807066  
Amount of Each Receipt this Period 126286.00

**B.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee  
Mailing Address 430 S Capitol St SE  
City Washington State DC Zip Code 20003-4024  
FEC ID number of contributing federal political committee. **C** C00000935  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 653332.00  
Date of Receipt 09 / 30 / 2010  
Transaction ID: C4807060  
Amount of Each Receipt this Period 2650.00

**C.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee  
Mailing Address 430 S Capitol St SE  
City Washington State DC Zip Code 20003-4024  
FEC ID number of contributing federal political committee. **C** C00000935  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 653332.00  
Date of Receipt 09 / 30 / 2010  
Transaction ID: C4807062  
Amount of Each Receipt this Period 34600.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 163536.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 44 / 289  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE

City Washington State DC Zip Code 20003-4024

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 653332.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2010

**Transaction ID:** C4807063

Amount of Each Receipt this Period  
73511.00

**B.** Full Name (Last, First, Middle Initial)  
Democratic National Committee Services Corporation

Mailing Address 430 S Capitol St SE

City Washington State DC Zip Code 20003-4024

FEC ID number of contributing federal political committee. **C** C00010603

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1510345.94

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 08 / 2010

**Transaction ID:** C4777665

Amount of Each Receipt this Period  
4924.00

**C.** Full Name (Last, First, Middle Initial)  
Democratic National Committee Services Corporation

Mailing Address 430 S Capitol St SE

City Washington State DC Zip Code 20003-4024

FEC ID number of contributing federal political committee. **C** C00010603

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1510345.94

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 28 / 2010

**Transaction ID:** C4922928

Amount of Each Receipt this Period  
325000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **403435.00**

**TOTAL** This Period (last page this line number only) ..... ► **722323.00**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 289  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)  
Capital City Bank

Mailing Address PO Box 1630

City State Zip Code  
Tallahassee FL 32302-1630

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1128.90

Date of Receipt  
MM / DD / YYYY  
09 / 16 / 2010

**Transaction ID:** C4961304

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Payroll Matters

Mailing Address 2069 N Monroe St

City State Zip Code  
Tallahassee FL 32303-4727

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
554.12

Date of Receipt  
MM / DD / YYYY  
09 / 01 / 2010

**Transaction ID:** C4961306

Amount of Each Receipt this Period  
554.12

**C.**

Full Name (Last, First, Middle Initial)  
United States Treasury

Mailing Address 1619 Woodward St

City State Zip Code  
Austin TX 78741-7830

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
37259.86

Date of Receipt  
MM / DD / YYYY  
09 / 14 / 2010

**Transaction ID:** C4785918

Amount of Each Receipt this Period  
6671.93

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>7476.05</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>7476.05</b>

C. Form/Schedule : **SA15**  
Transaction ID : **C4785918**

Check from United States Treasury was for: F-941 REF, Form 941- Employer's Quarterly Federal Tax Return.

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 289

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16

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)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.**

Full Name (Last, First, Middle Initial)

Capital City Bank

Mailing Address PO Box 1630

City State Zip Code  
Tallahassee FL 32302-1630

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1128.90

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2010

Transaction ID: C4961327

Amount of Each Receipt this Period

47.10

**B.**

Full Name (Last, First, Middle Initial)

Mary Ellen Johnson

Mailing Address 1040 5th Ave  
Apt 5A

City State Zip Code  
New York NY 10028-0137

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

Name of Employer Occupation  
Retired Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 13 / 2010

Transaction ID: C4923455

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Michael Langton

Mailing Address 2931 Saint Johns Ave  
Apt 3

City State Zip Code  
Jacksonville FL 32205-8726

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

Name of Employer Occupation  
Langton Associates Public affairs consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 15 / 2010

Transaction ID: C4923463

Amount of Each Receipt this Period

2500.00

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

7547.10

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 289  
(check only one)

<input type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input checked="" type="checkbox"/>	17						

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)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)  
Lori Edwards Campaign

Mailing Address PO Box 280

City State Zip Code  
Eagle Lake FL 33839-0280

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 09 / 2010

Transaction ID: C4777947

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	8547.10

A. Form/Schedule : **SA17**  
Transaction ID : **C4777947**

The receipt from Lori Edwards Campaign was for voter file purchase as fair market value. The Committee assessed the usual and normal charge for the goods and/or services provided. The market value was set after analyzing comparable vendors in the surrounding area/market

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

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

FOR LINE NUMBER: (check only one)

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

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)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) 241 Car Services, Inc.	Transaction ID: D322871 Date of Disbursement 09 / 08 / 2010
	Mailing Address 5012 W Cypress St	Amount of Each Disbursement this Period 246.00
	City Tampa State FL Zip Code 33607-3804	
	Purpose of Disbursement Auto Travel	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Alafaya Utilities, Inc.	Transaction ID: D322601 Date of Disbursement 09 / 03 / 2010
	Mailing Address PO Box 11025	Amount of Each Disbursement this Period 45.00
	City Lewiston State ME Zip Code 04243-9476	
	Purpose of Disbursement Admin Utilities	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express Merchant Services	Transaction ID: D328772 Date of Disbursement 09 / 20 / 2010
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 292.29
	City Phoenix State AZ Zip Code 85072-3852	
	Purpose of Disbursement Merchant Service Fee	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>583.29</b>
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b> Full Name (Last, First, Middle Initial) American Express Merchant Services</p> <p>Mailing Address PO Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement Merchant Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D328794</p> <p>Date of Disbursement 09 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 2726.77</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Alan Awad</p> <p>Mailing Address 13612 Avalon Heights Blvd Apt 204B</p> <p>City Tampa State FL Zip Code 33613-4676</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D322552</p> <p>Date of Disbursement 09 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Alan Awad</p> <p>Mailing Address 13612 Avalon Heights Blvd Apt 204B</p> <p>City Tampa State FL Zip Code 33613-4676</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D324893</p> <p>Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>

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

2856.77

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Rishi Bagga</p> <p>Mailing Address 3619 Devereaux Ct</p> <p>City Orlando State FL Zip Code 32837-5463</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D325041 <b>Date of Disbursement</b> 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Steven Balog</p> <p>Mailing Address 13413 Thomasville Cir</p> <p>City Tampa State FL Zip Code 33617-9344</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D324897 <b>Date of Disbursement</b> 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Steven Balog</p> <p>Mailing Address 13413 Thomasville Cir</p> <p>City Tampa State FL Zip Code 33617-9344</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D322553 <b>Date of Disbursement</b> 09 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>

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

195.00

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Jason Barnaby	Transaction ID: D322554 Date of Disbursement 09 / 01 / 2010
	Mailing Address 815 McBean Ct	
	City McDonough State GA Zip Code 30252-4162	Amount of Each Disbursement this Period 65.00
	Purpose of Disbursement Phone Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Jason Barnaby	Transaction ID: D324890 Date of Disbursement 09 / 20 / 2010
	Mailing Address 815 McBean Ct	
	City McDonough State GA Zip Code 30252-4162	Amount of Each Disbursement this Period 65.00
	Purpose of Disbursement Phone Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Blue Cross and Blue Shield of Florida	Transaction ID: D322573 Date of Disbursement 09 / 02 / 2010
	Mailing Address PO Box 2210	
	City Jacksonville State FL Zip Code 32203-2210	Amount of Each Disbursement this Period 363.00
	Purpose of Disbursement Benefits Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>493.00</b>
<b>TOTAL</b> 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 54 / 289

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Blue Cross and Blue Shield of Florida	Transaction ID: D322574 Date of Disbursement 09 / 02 / 2010
	Mailing Address PO Box 2210	
	City Jacksonville State FL Zip Code 32203-2210	Amount of Each Disbursement this Period 12038.40
	Purpose of Disbursement Benefits Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Craig Borkon	Transaction ID: D325080 Date of Disbursement 09 / 21 / 2010
	Mailing Address 8571 Brody Way ---	
	City Boca Raton State FL Zip Code 33433-7647	Amount of Each Disbursement this Period 65.00
	Purpose of Disbursement Phone Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Eric Bornstein	Transaction ID: D325065 Date of Disbursement 09 / 21 / 2010
	Mailing Address 12 Bellevue Ave	
	City Dobbs Ferry State NY Zip Code 10522-2606	Amount of Each Disbursement this Period 65.00
	Purpose of Disbursement Phone Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

12168.40

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Bright House Networks	Transaction ID: D326034 Date of Disbursement
	Mailing Address PO Box 31337	<input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City Tampa State FL Zip Code 33631-3337	Amount of Each Disbursement this Period
	Purpose of Disbursement Admin Internet	<input type="text" value="84.95"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Brighthouse Networks	Transaction ID: D322870 Date of Disbursement
	Mailing Address PO Box 31337 10305 NW 41st St., Ste 201	<input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City Tampa State FL Zip Code 33631-3337	Amount of Each Disbursement this Period
	Purpose of Disbursement Admin Internet	<input type="text" value="138.40"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Brighthouse Networks	Transaction ID: D323217 Date of Disbursement
	Mailing Address PO Box 31337 10305 NW 41st St., Ste 201	<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City Tampa State FL Zip Code 33631-3337	Amount of Each Disbursement this Period
	Purpose of Disbursement Admin Internet	<input type="text" value="74.95"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="298.30"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Wilma Brown</p> <p>Mailing Address 3817 Bennett Rd</p> <p>City Screven State GA Zip Code 31560-9133</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D325067 <b>Date of Disbursement</b> 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) David Browne</p> <p>Mailing Address 417 S Paloma Pl</p> <p>City Tampa State FL Zip Code 33609-3711</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D325078 <b>Date of Disbursement</b> 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Capital City Bank</p> <p>Mailing Address PO Box 1630</p> <p>City Tallahassee State FL Zip Code 32302-1630</p> <p>Purpose of Disbursement Merchant Bank Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D333169 <b>Date of Disbursement</b> 09 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 15.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	145.00
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Capital City Bank	Transaction ID: D333170 Date of Disbursement
	Mailing Address PO Box 1630	<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City Tallahassee State FL Zip Code 32302-1630	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Bank Fee	<input type="text" value="20.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Capital City Bank	Transaction ID: D333171 Date of Disbursement
	Mailing Address PO Box 1630	<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City Tallahassee State FL Zip Code 32302-1630	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Bank Fee	<input type="text" value="20.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Capital City Bank	Transaction ID: D333172 Date of Disbursement
	Mailing Address PO Box 1630	<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City Tallahassee State FL Zip Code 32302-1630	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Bank Fees	<input type="text" value="30.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="70.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Capital City Bank	Transaction ID: D333173 Date of Disbursement
	Mailing Address PO Box 1630	<input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
	City Tallahassee State FL Zip Code 32302-1630	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Bank Fee	<input type="text" value="40.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Capital City Bank	Transaction ID: D333174 Date of Disbursement
	Mailing Address PO Box 1630	<input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
	City Tallahassee State FL Zip Code 32302-1630	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Bank Fee	<input type="text" value="30.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Capital City Bank	Transaction ID: D333175 Date of Disbursement
	Mailing Address PO Box 1630	<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City Tallahassee State FL Zip Code 32302-1630	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Bank Fee	<input type="text" value="30.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="100.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Capital City Bank	Transaction ID: D333176 Date of Disbursement
	Mailing Address PO Box 1630	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Tallahassee State FL Zip Code 32302-1630	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Bank Fee	<input type="text" value="20.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Capital City Bank	Transaction ID: D333178 Date of Disbursement
	Mailing Address PO Box 1630	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Tallahassee State FL Zip Code 32302-1630	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Bank Fee	<input type="text" value="60.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Capital City Bank	Transaction ID: D333198 Date of Disbursement
	Mailing Address PO Box 1630	<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Tallahassee State FL Zip Code 32302-1630	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Bank Fee	<input type="text" value="20.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="100.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Capital City Bank	Transaction ID: D333200 Date of Disbursement
	Mailing Address PO Box 1630	<input type="text" value="09"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Tallahassee State FL Zip Code 32302-1630	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Bank Fees	<input type="text" value="35.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Capital City Bank	Transaction ID: D333206 Date of Disbursement
	Mailing Address PO Box 1630	<input type="text" value="09"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Tallahassee State FL Zip Code 32302-1630	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Service Fee	<input type="text" value="15.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Celltronix	Transaction ID: D329922 Date of Disbursement
	Mailing Address 1718 S Orange Blossom Trl	<input type="text" value="09"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Apopka State FL Zip Code 32703-7745	Amount of Each Disbursement this Period
	Purpose of Disbursement Admin Cell Phone	<input type="text" value="203.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="253.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Changing Targets Media</p> <p>Mailing Address 1155 15th St NW Ste 300</p> <p>City Washington State DC Zip Code 20005-2738</p> <p>Purpose of Disbursement Media</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D323029</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="12000.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Wei Chen</p> <p>Mailing Address 21200 NE 38th Ave Apt 2703</p> <p>City Miami State FL Zip Code 33180-3863</p> <p>Purpose of Disbursement Contribution Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D322808</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="10000.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) City of Oviedo</p> <p>Mailing Address 400 Alexandria Blvd</p> <p>City Oviedo State FL Zip Code 32765-5514</p> <p>Purpose of Disbursement Admin Utilities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D324909</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="26.98"/></p>

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Rugh Cline	Transaction ID: D325040 Date of Disbursement 09 / 21 / 2010
	Mailing Address 7720 Abbott Ave Apt 11	Amount of Each Disbursement this Period 65.00
	City Miami Beach State FL Zip Code 33141-2399	
	Purpose of Disbursement Phone Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ams Communications, Inc.	Transaction ID: D325173 Date of Disbursement 09 / 17 / 2010
	Mailing Address 847 Sansome St FI 2	Amount of Each Disbursement this Period 104000.00
	City San Francisco State CA Zip Code 94111-1529	
	Purpose of Disbursement Media	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ams Communications, Inc.	Transaction ID: D323305 Date of Disbursement 09 / 09 / 2010
	Mailing Address 847 Sansome St FI 2	Amount of Each Disbursement this Period 108000.00
	City San Francisco State CA Zip Code 94111-1529	
	Purpose of Disbursement Direct Mail	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	212065.00
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Continental Airlines</p> <p>Mailing Address PO Box 4607</p> <p>City Houston State TX Zip Code 77210-4607</p> <p>Purpose of Disbursement Air Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D328799</p> <p>Date of Disbursement 09 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 499.40</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Continental Airlines</p> <p>Mailing Address PO Box 4607</p> <p>City Houston State TX Zip Code 77210-4607</p> <p>Purpose of Disbursement Air Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D328800</p> <p>Date of Disbursement 09 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 499.40</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Clifford Davy</p> <p>Mailing Address 5055 Wellington Park Cir Apt C18</p> <p>City Orlando State FL Zip Code 32839-4591</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D322555</p> <p>Date of Disbursement 09 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>

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

1063.80

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Clifford Davy	Transaction ID: D324900 Date of Disbursement 09 / 20 / 2010
	Mailing Address 5055 Wellington Park Cir Apt C18 City Orlando State FL Zip Code 32839-4591 Purpose of Disbursement Phone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 65.00 Category/Type

B.	Full Name (Last, First, Middle Initial) Democratic National Committee Services Corporation	Transaction ID: D333017 Date of Disbursement 09 / 05 / 2010
	Mailing Address 430 S Capitol St SE City Washington State DC Zip Code 20003-4024 Purpose of Disbursement Voter File Access Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 3220.00 * In-Kind Received Category/Type

C.	Full Name (Last, First, Middle Initial) Democratic National Committee Services Corporation	Transaction ID: D333025 Date of Disbursement 09 / 01 / 2010
	Mailing Address 430 S Capitol St SE City Washington State DC Zip Code 20003-4024 Purpose of Disbursement Rent & Utilities Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 6046.84 * In-Kind Received Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>9331.84</b>
<b>TOTAL</b> 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)

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Democratic National Committee Services Corporation</p> <p>Mailing Address 430 S Capitol St SE</p> <p>City Washington State DC Zip Code 20003-4024</p> <p>Purpose of Disbursement Salary &amp; Benefits</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D333026 <b>Date of Disbursement</b> 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 34672.05</p> <p>* In-Kind Received</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Democratic National Committee Services Corporation</p> <p>Mailing Address 430 S Capitol St SE</p> <p>City Washington State DC Zip Code 20003-4024</p> <p>Purpose of Disbursement Payroll &amp; Benefits</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D333027 <b>Date of Disbursement</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 14517.34</p> <p>* In-Kind Received</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Nicholas Denmon</p> <p>Mailing Address 8300 41st Ave N</p> <p>City Saint Petersburg State FL Zip Code 33709-3943</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D325069 <b>Date of Disbursement</b> 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>

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

49254.39

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) DNC Travel Offset Account	Transaction ID: D325035 Date of Disbursement
	Mailing Address 430 S Capitol St SE	<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20003-4024	Amount of Each Disbursement this Period
	Purpose of Disbursement VPOTUS Travel	<input type="text" value="23700.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Elavon Merchant Services	Transaction ID: D366669 Date of Disbursement
	Mailing Address 1 Concourse Pkwy NE Ste 300	<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Atlanta State GA Zip Code 30328-5346	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Service Fee	<input type="text" value="596.30"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Elavon Merchant Services	Transaction ID: D328795 Date of Disbursement
	Mailing Address 1 Concourse Pkwy NE Ste 300	<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Atlanta State GA Zip Code 30328-5346	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Service Fee	<input type="text" value="1278.81"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="25575.11"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Enterprise Rent-A Car</p> <p>Mailing Address 3300 Capital Cir SW</p> <p>City Tallahassee State FL Zip Code 32310-8732</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D325917 <b>Date of Disbursement</b> 09 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 629.28</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Everest National Insurance Company</p> <p>Mailing Address PO Box 917807</p> <p>City Orlando State FL Zip Code 32891-7807</p> <p>Purpose of Disbursement Benefits</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D322508 <b>Date of Disbursement</b> 09 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 272.46</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) David Fifer</p> <p>Mailing Address 2790 Old St Augustine Rd Apt P166</p> <p>City Tallahassee State FL Zip Code 32301-6214</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D325072 <b>Date of Disbursement</b> 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>

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

966.74

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b> Full Name (Last, First, Middle Initial) Florida Power & Light Company <hr/> Mailing Address PO Box 25576 <hr/> City Miami State FL Zip Code 33102-5576 <hr/> Purpose of Disbursement Admin Utilities Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D324887 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2010
	Amount of Each Disbursement this Period 159.59
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Franklin Davis Printing Company <hr/> Mailing Address PO Box 22362 <hr/> City Tampa State FL Zip Code 33622-2362 <hr/> Purpose of Disbursement Admin Office Supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D325075 Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2010
	Amount of Each Disbursement this Period 89.24
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Frederica Wilson fo Congress <hr/> Mailing Address 19821 NW 2nd Ave # 354 <hr/> City Miami State FL Zip Code 33169-3341 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D323025 Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2010
	Amount of Each Disbursement this Period 4000.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**4248.83**

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Miccosukee Indian Gaming	Transaction ID: D322608 Date of Disbursement 09 / 07 / 2010
	Mailing Address 500 SW 177th Ave	Amount of Each Disbursement this Period 118.55
	City Miami State FL Zip Code 33194-2800	
	Purpose of Disbursement Travel/Lodging	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Marcus Garza	Transaction ID: D322556 Date of Disbursement 09 / 01 / 2010
	Mailing Address 10505 Lake Williams Dr	Amount of Each Disbursement this Period 65.00
	City Odessa State FL Zip Code 33556-2643	
	Purpose of Disbursement Phone Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Marcus Garza	Transaction ID: D324892 Date of Disbursement 09 / 20 / 2010
	Mailing Address 10505 Lake Williams Dr	Amount of Each Disbursement this Period 65.00
	City Odessa State FL Zip Code 33556-2643	
	Purpose of Disbursement Phone Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	248.55
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Jennifer Greenfield	Transaction ID: D325037 Date of Disbursement 09 / 21 / 2010
	Mailing Address 5047 17th St	
	City Zephyrhills State FL Zip Code 33542-2147	Amount of Each Disbursement this Period 65.00
	Purpose of Disbursement Phone Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Michelle Guerin	Transaction ID: D325081 Date of Disbursement 09 / 21 / 2010
	Mailing Address 8670 Wesleyan Dr Apt 307	
	City Fort Myers State FL Zip Code 33919-5242	Amount of Each Disbursement this Period 65.00
	Purpose of Disbursement Phone Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Michelle Guerin	Transaction ID: D322548 Date of Disbursement 09 / 02 / 2010
	Mailing Address 8670 Wesleyan Dr Apt 307	
	City Fort Myers State FL Zip Code 33919-5242	Amount of Each Disbursement this Period 65.00
	Purpose of Disbursement Phone Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	195.00
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Hamilton Campaigns</p> <p>Mailing Address 3391 S Fletcher Ave</p> <p>City Fernandina Beach State FL Zip Code 32034-4307</p> <p>Purpose of Disbursement Consulting/Strategy</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D322875</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="6750.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Hampton Inn Corporate</p> <p>Mailing Address 9336 Civic Center Dr</p> <p>City Beverly Hills State CA Zip Code 90210-3604</p> <p>Purpose of Disbursement Travel/Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D328797</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="39.20"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mario Henderson</p> <p>Mailing Address 1348 Imperial Dr</p> <p>City Daytona Beach State FL Zip Code 32117-3810</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D325073</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="65.00"/></p>

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

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Renaissance Austin Hotel	Transaction ID: D324482 Date of Disbursement
	Mailing Address 9721 Arboretum Blvd	<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City Austin State TX Zip Code 78759-6316	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel/Lodging	<input type="text" value="219.78"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Hong Huang	Transaction ID: D322807 Date of Disbursement
	Mailing Address 21200 NE 38th Ave Apt 2703	<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City Miami State FL Zip Code 33180-3863	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Refund	<input type="text" value="10000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Human Rights Campaign PAC - LGBT Advocates	Transaction ID: D325890 Date of Disbursement
	Mailing Address 1640 Rhode Island Ave NW	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20036-3200	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary & Benefits	<input type="text" value="4402.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

\* In-Kind Received

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

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 73 / 289

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Image Plus Graphics, Inc.	Transaction ID: D325174 Date of Disbursement 09 / 21 / 2010
	Mailing Address 1440 NE 31st Street	Amount of Each Disbursement this Period 7250.40
	City North Miami Beach State FL Zip Code 33160	
	Purpose of Disbursement State Card	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Erin Jensen	Transaction ID: D324891 Date of Disbursement 09 / 20 / 2010
	Mailing Address 517 Belle Isle Ave	Amount of Each Disbursement this Period 65.00
	City Belleair Beach State FL Zip Code 33786-3611	
	Purpose of Disbursement Phone Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Erin Jensen	Transaction ID: D322561 Date of Disbursement 09 / 01 / 2010
	Mailing Address 517 Belle Isle Ave	Amount of Each Disbursement this Period 65.00
	City Belleair Beach State FL Zip Code 33786-3611	
	Purpose of Disbursement Phone Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7380.40
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Kester Brothers Reality	Transaction ID: D325550 Date of Disbursement 09 / 24 / 2010
	Mailing Address 615 E Atlantic Blvd	Amount of Each Disbursement this Period 1200.00
	City Pompano Beach State FL Zip Code 33060-6343	
	Purpose of Disbursement Admin Lease/Rent	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) LAP PProduction,LLC	Transaction ID: D325494 Date of Disbursement 09 / 24 / 2010
	Mailing Address 7040 Seminole Pratt Whitney Rd	Amount of Each Disbursement this Period 11085.00
	City Loxahatchee State FL Zip Code 33470-5714	
	Purpose of Disbursement Event Photography	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Main Street Communications	Transaction ID: D333728 Date of Disbursement 09 / 20 / 2010
	Mailing Address 1300 NE 94th St	Amount of Each Disbursement this Period 90.00
	City Miami Shores State FL Zip Code 33138-2902	
	Purpose of Disbursement Shipping	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	12375.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

B. Form/Schedule : **SB21B**  
Transaction ID : **D325494**

Payments made to LAP Productions for Event Photography were made on behalf of the Party and were for no specific federal candidates.

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Main Street Communications</p> <p>Mailing Address 1300 NE 94th St</p> <p>City Miami Shores State FL Zip Code 33138-2902</p> <p>Purpose of Disbursement Shipping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D333729</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="120.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Nicholas Michalik</p> <p>Mailing Address 9452 Laura Anne Dr</p> <p>City Seminole State FL Zip Code 33776-1600</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D325046</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="65.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mission Control</p> <p>Mailing Address 114 Mansfield Hollow Rd # A</p> <p>City Mansfield Center State CT Zip Code 06250-1316</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D322349</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="8100.00"/></p>

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

**8285.00**

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mission Control</p> <p>Mailing Address 114 Mansfield Hollow Rd # A</p> <p>City Mansfield Center State CT Zip Code 06250-1316</p> <p>Purpose of Disbursement Direct Mail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D323298 <b>Date of Disbursement:</b> 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 73412.60</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Murphy Putnam Media, Inc.</p> <p>Mailing Address 901 N Washington St Ste 500</p> <p>City Alexandria State VA Zip Code 22314-1535</p> <p>Purpose of Disbursement Media</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D325676 <b>Date of Disbursement:</b> 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 266313.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Reuben Neff</p> <p>Mailing Address 2010 E Palm Ave Apt 14322</p> <p>City Tampa State FL Zip Code 33605-3934</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D325045 <b>Date of Disbursement:</b> 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>

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

339790.60

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

Any Information copied from such Reports and Statements and 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)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Nesbitt Research	Transaction ID: D323216 Date of Disbursement 09 / 14 / 2010
	Mailing Address 2120 L St NW Ste 305	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20037-1563	
	Purpose of Disbursement Consulting/Research	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Nesbitt Research	Transaction ID: D322872 Date of Disbursement 09 / 08 / 2010
	Mailing Address 2120 L St NW Ste 305	Amount of Each Disbursement this Period 2599.95
	City Washington State DC Zip Code 20037-1563	
	Purpose of Disbursement Consulting/Research	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) New Partners Consulting, Inc.	Transaction ID: D322579 Date of Disbursement 09 / 02 / 2010
	Mailing Address 401 9th St NW Ste 725	Amount of Each Disbursement this Period 19580.72
	City Washington State DC Zip Code 20004-2176	
	Purpose of Disbursement Consulting/Fundraising	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>24680.67</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

C. Form/Schedule : **SB21B**  
Transaction ID : **D322579**

Payments made to New Partners Consulting for Consulting/Fundraising were made on behalf of the Party and were for no specific federal candidates.

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Kerry Nicholson	Transaction ID: D325043 Date of Disbursement 09 / 21 / 2010
	Mailing Address 3252 Sawgrass Creek Cir	Amount of Each Disbursement this Period 65.00
	City Saint Cloud State FL Zip Code 34772-7941	
	Purpose of Disbursement Phone Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Office Depot-Corporate	Transaction ID: D325915 Date of Disbursement 09 / 27 / 2010
	Mailing Address PO Box 633211	Amount of Each Disbursement this Period 1053.75
	City Cincinnati State OH Zip Code 45263-3211	
	Purpose of Disbursement Admin Office Supplies	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Office Depot-Corporate	Transaction ID: D325916 Date of Disbursement 09 / 27 / 2010
	Mailing Address PO Box 633211	Amount of Each Disbursement this Period 61.87
	City Cincinnati State OH Zip Code 45263-3211	
	Purpose of Disbursement Admin Office Supplies	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1180.62
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Bernadette Ohran</p> <p>Mailing Address 155 55th Ave NE</p> <p>City Saint Petersburg State FL Zip Code 33703-3011</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D324895 <b>Date of Disbursement:</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>65.00</td> </tr> </table> </p> <p>Category/Type</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	0		2	0	1	0	65.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		2	0		2	0	1	0													
65.00																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) Brenadette Ohran</p> <p>Mailing Address 155 55th Ave NE</p> <p>City Saint Petersburg State FL Zip Code 33703-3011</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D322557 <b>Date of Disbursement:</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>65.00</td> </tr> </table> </p> <p>Category/Type</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	1		2	0	1	0	65.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		0	1		2	0	1	0													
65.00																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mary Anne Oldham</p> <p>Mailing Address 3009 1/2 W Barcelona St Apt 2</p> <p>City Tampa State FL Zip Code 33629-7252</p> <p>Purpose of Disbursement Admin Lease/Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D322874 <b>Date of Disbursement:</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>1247.95</td> </tr> </table> </p> <p>Category/Type</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	9		2	0	1	0	1247.95
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		0	9		2	0	1	0													
1247.95																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1377.95</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

C. Form/Schedule : **SB21B**  
Transaction ID : **D322874**

Mary Anne Oldham is the vendor for this disbursement- this is not a reimbursement.

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Mary Anne Oldham	Transaction ID: D326036 Date of Disbursement 09 / 30 / 2010
	Mailing Address 3009 1/2 W Barcelona St Apt 2	Amount of Each Disbursement this Period 963.00
	City Tampa State FL Zip Code 33629-7252	
	Purpose of Disbursement Admin Lease/Rent	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Anthony Parets	Transaction ID: D325079 Date of Disbursement 09 / 21 / 2010
	Mailing Address 3607 Eagle Nest Ct	Amount of Each Disbursement this Period 65.00
	City Melbourne State FL Zip Code 32904-9515	
	Purpose of Disbursement Phone Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Anthony Parets	Transaction ID: D322550 Date of Disbursement 09 / 02 / 2010
	Mailing Address 3607 Eagle Nest Ct	Amount of Each Disbursement this Period 65.00
	City Melbourne State FL Zip Code 32904-9515	
	Purpose of Disbursement Phone Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1093.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

A. Form/Schedule : **SB21B**  
Transaction ID : **D326036**

Mary Anne Oldham is the vendor for this disbursement- this is not a reimbursement.

# 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)

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Payroll Matters</p> <p>Mailing Address 2069 N Monroe St</p> <p>City Tallahassee State FL Zip Code 32303-4727</p> <p>Purpose of Disbursement Payroll Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D322829 <b>Date of Disbursement:</b> 09 / 02 / 2010</p> <p>Amount of Each Disbursement this Period: 7.50</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Payroll Matters</p> <p>Mailing Address 2069 N Monroe St</p> <p>City Tallahassee State FL Zip Code 32303-4727</p> <p>Purpose of Disbursement Payroll Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D322809 <b>Date of Disbursement:</b> 09 / 02 / 2010</p> <p>Amount of Each Disbursement this Period: 7.50</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Payroll Matters</p> <p>Mailing Address 2069 N Monroe St</p> <p>City Tallahassee State FL Zip Code 32303-4727</p> <p>Purpose of Disbursement Payroll Tax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D333840 <b>Date of Disbursement:</b> 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period: 1095.52</p>

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

1110.52

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Payroll Matters</p> <p>Mailing Address 2069 N Monroe St</p> <p>City Tallahassee State FL Zip Code 32303-4727</p> <p>Purpose of Disbursement Payroll Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D364048 <b>Date of Disbursement:</b> 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 94.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Payroll Matters</p> <p>Mailing Address 2069 N Monroe St</p> <p>City Tallahassee State FL Zip Code 32303-4727</p> <p>Purpose of Disbursement Payroll Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D364091 <b>Date of Disbursement:</b> 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 100.25</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Payroll Matters</p> <p>Mailing Address 2069 N Monroe St</p> <p>City Tallahassee State FL Zip Code 32303-4727</p> <p>Purpose of Disbursement Payroll Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D364092 <b>Date of Disbursement:</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 113.75</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>308.00</b>
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b> Full Name (Last, First, Middle Initial) Payroll Matters <hr/> Mailing Address 2069 N Monroe St <hr/> City Tallahassee State FL Zip Code 32303-4727 Purpose of Disbursement Payroll Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D364093 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 136.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Payroll Matters <hr/> Mailing Address 2069 N Monroe St <hr/> City Tallahassee State FL Zip Code 32303-4727 Purpose of Disbursement Payroll Tax Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D365587 Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2010
	Amount of Each Disbursement this Period 217.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Payroll Matters <hr/> Mailing Address 2069 N Monroe St <hr/> City Tallahassee State FL Zip Code 32303-4727 Purpose of Disbursement Payroll Tax Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D365588 Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2010
	Amount of Each Disbursement this Period 501.62
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

854.62

**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)

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b> Full Name (Last, First, Middle Initial) Payroll Matters Mailing Address 2069 N Monroe St City Tallahassee State FL Zip Code 32303-4727 Purpose of Disbursement Payroll Tax Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D365589 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 13163.74
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Payroll Matters Mailing Address 2069 N Monroe St City Tallahassee State FL Zip Code 32303-4727 Purpose of Disbursement Payroll Tax Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D365690 Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2010
	Amount of Each Disbursement this Period 227.54
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Payroll Matters Mailing Address 2069 N Monroe St City Tallahassee State FL Zip Code 32303-4727 Purpose of Disbursement Payroll Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D430767 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010
	Amount of Each Disbursement this Period 30.50
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	13421.78
<b>TOTAL</b> 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)

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Payroll Matters</p> <p>Mailing Address 2069 N Monroe St</p> <p>City Tallahassee State FL Zip Code 32303-4727</p> <p>Purpose of Disbursement Payroll Tax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D435778 <b>Date of Disbursement:</b> 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 11857.05</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Payroll Matters</p> <p>Mailing Address 2069 N Monroe St</p> <p>City Tallahassee State FL Zip Code 32303-4727</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D436336 <b>Date of Disbursement:</b> 09 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 2834.30</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Payroll Matters</p> <p>Mailing Address 2069 N Monroe St</p> <p>City Tallahassee State FL Zip Code 32303-4727</p> <p>Purpose of Disbursement Payroll Tax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D328499 <b>Date of Disbursement:</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 29869.33</p>

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

44560.68

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Payroll Matters</p> <p>Mailing Address 2069 N Monroe St</p> <p>City Tallahassee State FL Zip Code 32303-4727</p> <p>Purpose of Disbursement Payroll Tax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D328516 <b>Date of Disbursement:</b> 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 21927.72</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Elena Petrescu</p> <p>Mailing Address 13196 Brechner St</p> <p>City Spring Hill State FL Zip Code 34609-1216</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D325071 <b>Date of Disbursement:</b> 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) PGA Commons, LLC</p> <p>Mailing Address 5520 Pga Blvd PGA PRCL 1 Retail Bldg 1</p> <p>City Palm Beach Gardens State FL Zip Code 33418-3981</p> <p>Purpose of Disbursement Admin Lease/Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D325545 <b>Date of Disbursement:</b> 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 2848.42</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	24841.14
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b> Full Name (Last, First, Middle Initial) PGA Commons, LLC</p> <p>Mailing Address 5520 Pga Blvd PGA PRCL 1 Retail Bldg 1</p> <p>City State Zip Code Palm Beach Gardens FL 33418-3981</p> <p>Purpose of Disbursement Admin Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D333177 <b>Date of Disbursement</b> 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1424.21</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Joseph J Pierce</p> <p>Mailing Address 2656 S Scenic Hwy</p> <p>City State Zip Code Lake Wales FL 33898-7409</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D365752 <b>Date of Disbursement</b> 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Principal Financial Group</p> <p>Mailing Address PO Box 14416 Dept. 900</p> <p>City State Zip Code Des Moines IA 50306-3416</p> <p>Purpose of Disbursement Benefits</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D324759 <b>Date of Disbursement</b> 09 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 79.74</p>

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

1568.95

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Principal Financial Group	Transaction ID: D324761 Date of Disbursement
	Mailing Address PO Box 14416 Dept. 900	<input type="text" value="09"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Des Moines State IA Zip Code 50306-3416	Amount of Each Disbursement this Period
	Purpose of Disbursement Benefits	<input type="text" value="398.70"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Progress Energy Florida	Transaction ID: D324908 Date of Disbursement
	Mailing Address PO Box 33199	<input type="text" value="09"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Saint Petersburg State FL Zip Code 33733-8199	Amount of Each Disbursement this Period
	Purpose of Disbursement Admin Utilities	<input type="text" value="297.02"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Margaret Ramirez	Transaction ID: D324898 Date of Disbursement
	Mailing Address 13671 SW 38th Avenue Rd	<input type="text" value="09"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Ocala State FL Zip Code 34473-2105	Amount of Each Disbursement this Period
	Purpose of Disbursement Phone Expense	<input type="text" value="66.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Residence Inn Marriott-Corporate	Transaction ID: D325925 Date of Disbursement
	Mailing Address 2120 P St NW	<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20037-1009	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel/Lodging	<input type="text" value="496.21"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Edgar Rincon	Transaction ID: D324903 Date of Disbursement
	Mailing Address 225 SW 159th Way	<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City Sunrise State FL Zip Code 33326-2274	Amount of Each Disbursement this Period
	Purpose of Disbursement Phone Expense	<input type="text" value="65.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Edith Robles	Transaction ID: D325076 Date of Disbursement
	Mailing Address 305 Bullard St	<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City Fairfield State CT Zip Code 06825-3719	Amount of Each Disbursement this Period
	Purpose of Disbursement Phone Expense	<input type="text" value="65.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="626.21"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Joshua Romero	Transaction ID: D325066 Date of Disbursement 09 / 21 / 2010
	Mailing Address 2302 Simpson Ridge Cir Apt C	Amount of Each Disbursement this Period 65.00
	City Kissimmee State FL Zip Code 34744-4487	
	Purpose of Disbursement Phone Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Joshua Romero	Transaction ID: D322551 Date of Disbursement 09 / 02 / 2010
	Mailing Address 2302 Simpson Ridge Cir Apt C	Amount of Each Disbursement this Period 65.00
	City Kissimmee State FL Zip Code 34744-4487	
	Purpose of Disbursement Phone Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Jean Roseme	Transaction ID: D322549 Date of Disbursement 09 / 02 / 2010
	Mailing Address 101 NE 31st St	Amount of Each Disbursement this Period 65.00
	City Pompano Beach State FL Zip Code 33064-3645	
	Purpose of Disbursement Phone Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	195.00
<b>TOTAL</b> 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 95 / 289

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jean Roseme</p> <p>Mailing Address 101 NE 31st St</p> <p>City Pompano Beach State FL Zip Code 33064-3645</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D325070</p> <p>Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Royal Performace Group</p> <p>Mailing Address 2100 Western Ave Ste 80</p> <p>City Lisle State IL Zip Code 60532-1971</p> <p>Purpose of Disbursement Shipping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D364359</p> <p>Date of Disbursement 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 24.50</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Royal Performace Group</p> <p>Mailing Address 2100 Western Ave Ste 80</p> <p>City Lisle State IL Zip Code 60532-1971</p> <p>Purpose of Disbursement Shipping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D429816</p> <p>Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 27.50</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>117.00</b>
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Marian Sanders</p> <p>Mailing Address 3755 Dairy Rd</p> <p>City Titusville State FL Zip Code 32796-4210</p> <p>Purpose of Disbursement Admin Lease/Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D322582</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="460.04"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Gabriel Sebag</p> <p>Mailing Address 635 Stillview Cir</p> <p>City Brandon State FL Zip Code 33510-2124</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D325082</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="65.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Philip Shaw</p> <p>Mailing Address 24 Coventry Ct</p> <p>City Kissimmee State FL Zip Code 34758-2940</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D325042</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="65.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="590.04"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Vito D Sheeley	Transaction ID: D325038 Date of Disbursement 09 / 21 / 2010
	Mailing Address 2111 Almeria Way S	
	City Saint Petersburg State FL Zip Code 33712-4418	Amount of Each Disbursement this Period 65.00
	Purpose of Disbursement Phone Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SKD Knickerbocker	Transaction ID: D325675 Date of Disbursement 09 / 24 / 2010
	Mailing Address 1818 N St NW Ste 450	
	City Washington State DC Zip Code 20036-2473	Amount of Each Disbursement this Period 19988.64
	Purpose of Disbursement Direct Mail Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Jacob Smith	Transaction ID: D324894 Date of Disbursement 09 / 20 / 2010
	Mailing Address 2121 Intracoastal Dr	
	City Fort Lauderdale State FL Zip Code 33305-3637	Amount of Each Disbursement this Period 65.00
	Purpose of Disbursement Phone Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	20118.64
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Jacob Smith	Transaction ID: D322558 Date of Disbursement 09 / 01 / 2010
	Mailing Address 2121 Intracoastal Dr	Amount of Each Disbursement this Period 65.00
	City Fort Lauderdale State FL Zip Code 33305-3637	
	Purpose of Disbursement Phone Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mildred O. Smith	Transaction ID: D323499 Date of Disbursement 09 / 16 / 2010
	Mailing Address 3550 Esplanade Way Apt 8107	Amount of Each Disbursement this Period 1500.00
	City Tallahassee State FL Zip Code 32311-3755	
	Purpose of Disbursement Travel/Meals Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Southwest Airlines	Transaction ID: D325924 Date of Disbursement 09 / 20 / 2010
	Mailing Address 2425 Wyman St	Amount of Each Disbursement this Period 660.10
	City Dallas State TX Zip Code 75235-2501	
	Purpose of Disbursement Air Travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2225.10
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Omar Syed	Transaction ID: D324896 Date of Disbursement 09 / 20 / 2010
	Mailing Address 13538 Lake Magdalene Dr	Amount of Each Disbursement this Period 65.00
	City Tampa State FL Zip Code 33613-4130	
	Purpose of Disbursement Phone Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Omar Syed	Transaction ID: D322559 Date of Disbursement 09 / 01 / 2010
	Mailing Address 13538 Lake Magdalene Dr	Amount of Each Disbursement this Period 65.00
	City Tampa State FL Zip Code 33613-4130	
	Purpose of Disbursement Phone Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Joseph Szerejko	Transaction ID: D325064 Date of Disbursement 09 / 21 / 2010
	Mailing Address 15 Thicket Ln	Amount of Each Disbursement this Period 65.00
	City West Hartford State CT Zip Code 06107-1320	
	Purpose of Disbursement Phone Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	195.00
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b> Full Name (Last, First, Middle Initial) The Bahia Mar Beach Resort</p> <p>Mailing Address 801 Seabreeze Blvd</p> <p>City Fort Lauderdale State FL Zip Code 33316-1629</p> <p>Purpose of Disbursement Travel/Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D328798</p> <p>Date of Disbursement 09 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 374.07</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) The Bahia Mar Beach Resort</p> <p>Mailing Address 801 Seabreeze Blvd</p> <p>City Fort Lauderdale State FL Zip Code 33316-1629</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D328531</p> <p>Date of Disbursement 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 93.28</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) The Tyson Organization</p> <p>Mailing Address 855 Texas St</p> <p>City Fort Worth State TX Zip Code 76102-4572</p> <p>Purpose of Disbursement Telephone Calls</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D323215</p> <p>Date of Disbursement 09 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 9000.00</p>

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

9467.35

**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)

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) The Warren Harding, LLC	Transaction ID: D322877 Date of Disbursement
	Mailing Address 212 S Beach St Ste 110	<input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City Daytona Beach State FL Zip Code 32114-4404	Amount of Each Disbursement this Period
	Purpose of Disbursement Admin Lease/Rent	<input type="text" value="2097.50"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) The Westin Diplomat Resort & Spa	Transaction ID: D322589 Date of Disbursement
	Mailing Address 3555 S Ocean Dr	<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Hollywood State FL Zip Code 33019-2827	Amount of Each Disbursement this Period
	Purpose of Disbursement Site Rental	<input type="text" value="10000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) The Westin Diplomat Resort & Spa	Transaction ID: D325918 Date of Disbursement
	Mailing Address 3555 S Ocean Dr	<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City Hollywood State FL Zip Code 33019-2827	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel/Lodging	<input type="text" value="794.76"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="12892.26"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b> Full Name (Last, First, Middle Initial) The Westin Diplomat Resort & Spa Mailing Address 3555 S Ocean Dr City Hollywood State FL Zip Code 33019-2827 Purpose of Disbursement Travel/Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D325919 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 126.04
<b>B.</b> Full Name (Last, First, Middle Initial) The Westin Diplomat Resort & Spa Mailing Address 3555 S Ocean Dr City Hollywood State FL Zip Code 33019-2827 Purpose of Disbursement Travel/Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D325920 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 1 0
	Amount of Each Disbursement this Period 198.69
<b>C.</b> Full Name (Last, First, Middle Initial) The Westin Diplomat Resort & Spa Mailing Address 3555 S Ocean Dr City Hollywood State FL Zip Code 33019-2827 Purpose of Disbursement Travel/Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D325921 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 1 0
	Amount of Each Disbursement this Period 198.69

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

523.42

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) The Westin Diplomat Resort & Spa	Transaction ID: D325922
	Mailing Address 3555 S Ocean Dr	Date of Disbursement 09 / 20 / 2010
	City Hollywood State FL Zip Code 33019-2827	Amount of Each Disbursement this Period 198.69
	Purpose of Disbursement Travel/Lodging	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) The Westin Diplomat Resort & Spa	Transaction ID: D325923
	Mailing Address 3555 S Ocean Dr	Date of Disbursement 09 / 20 / 2010
	City Hollywood State FL Zip Code 33019-2827	Amount of Each Disbursement this Period 397.38
	Purpose of Disbursement Travel/Lodging	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) The Westin Diplomat Resort & Spa	Transaction ID: D328796
	Mailing Address 3555 S Ocean Dr	Date of Disbursement 09 / 27 / 2010
	City Hollywood State FL Zip Code 33019-2827	Amount of Each Disbursement this Period 16.53
	Purpose of Disbursement Travel/Meals	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>612.60</b>
<b>TOTAL</b> 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)

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Adam Unger	Transaction ID: D325077 Date of Disbursement 09 / 21 / 2010
	Mailing Address 2309 Old Bainbridge Rd # 101 C	Amount of Each Disbursement this Period 65.00
	City Tallahassee State FL Zip Code 32303-3805	
	Purpose of Disbursement Phone Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: D328526 Date of Disbursement 09 / 30 / 2010
	Mailing Address 4000 E Sky Harbor Blvd	Amount of Each Disbursement this Period 268.40
	City Phoenix State AZ Zip Code 85034-3802	
	Purpose of Disbursement Air Travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Weetompain Inc	Transaction ID: D326054 Date of Disbursement 09 / 29 / 2010
	Mailing Address 2350 Phillips Rd 9202	Amount of Each Disbursement this Period 22529.54
	City Tallahassee State FL Zip Code 32308-5592	
	Purpose of Disbursement Media Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>22862.94</b>
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Weetompain Inc	Transaction ID: D324870 Date of Disbursement 09 / 22 / 2010
	Mailing Address 2350 Phillips Rd 9202	Amount of Each Disbursement this Period 11701.99
	City Tallahassee State FL Zip Code 32308-5592	
	Purpose of Disbursement Media Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) James Wheeler	Transaction ID: D324901 Date of Disbursement 09 / 20 / 2010
	Mailing Address 2418 Teresa Cir Apt D	Amount of Each Disbursement this Period 65.00
	City Tampa State FL Zip Code 33629-6148	
	Purpose of Disbursement Phone Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Jennifer Whitcomb	Transaction ID: D324899 Date of Disbursement 09 / 20 / 2010
	Mailing Address 710 13th Ave S	Amount of Each Disbursement this Period 65.00
	City Jacksonville Beach State FL Zip Code 32250-5032	
	Purpose of Disbursement Phone Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	11831.99
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jennifer Whitcomb</p> <p>Mailing Address 710 13th Ave S</p> <p>City Jacksonville Beach State FL Zip Code 32250-5032</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D322560 <b>Date of Disbursement</b> 09 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) WRI-TC</p> <p>Mailing Address 2720 E Colonial Dr</p> <p>City Orlando State FL Zip Code 32803-5025</p> <p>Purpose of Disbursement Admin Lease/Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D322905 <b>Date of Disbursement</b> 09 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 1076.67</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Sabrina Diz</p> <p>Mailing Address 142 SE 9th Ct</p> <p>City Hialeah State FL Zip Code 33010-5531</p> <p>Purpose of Disbursement Staff Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D322316 <b>Date of Disbursement</b> 09 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 355.94</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1497.61
<b>TOTAL</b> 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)

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b> Full Name (Last, First, Middle Initial) AT&T Mobility Mailing Address PO Box 538695 City Atlanta State GA Zip Code 30353-8695 Purpose of Disbursement Admin Cell Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D322317 Date of Disbursement 09 / 01 / 2010
	Amount of Each Disbursement this Period 100.00 [MEMO ITEM]

<b>B.</b> Full Name (Last, First, Middle Initial) Citgo - Corporate Mailing Address 1293 Eldridge Pkwy City Houston State TX Zip Code 77077-1670 Purpose of Disbursement Auto Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D322319 Date of Disbursement 09 / 01 / 2010
	Amount of Each Disbursement this Period 87.17 [MEMO ITEM]

<b>C.</b> Full Name (Last, First, Middle Initial) Florida's Turnpike Mailing Address Turnpike Mile Post 263 Bldg. 5315 City Ocoee State FL Zip Code 34761 Purpose of Disbursement Auto Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D322318 Date of Disbursement 09 / 01 / 2010
	Amount of Each Disbursement this Period 16.50 [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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)

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Shell Gas - Corporate	Transaction ID: D322320 Date of Disbursement 09 / 01 / 2010
	Mailing Address PO Box 2463	Amount of Each Disbursement this Period 152.27
	City Houston State TX Zip Code 77252-2463	
	Purpose of Disbursement Auto Travel	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Esther Arregui	Transaction ID: D322592 Date of Disbursement 09 / 01 / 2010
	Mailing Address 902 Lisbon St	Amount of Each Disbursement this Period 58.49
	City Coral Gables State FL Zip Code 33134-2240	
	Purpose of Disbursement Staff Reimbursement	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Shell Gas - Corporate	Transaction ID: D322593 Date of Disbursement 09 / 01 / 2010
	Mailing Address PO Box 2463	Amount of Each Disbursement this Period 58.49
	City Houston State TX Zip Code 77252-2463	
	Purpose of Disbursement Auto Travel	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	58.49
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Ashley Walker	Transaction ID: D322873 Date of Disbursement 09 / 09 / 2010
	Mailing Address 1007 N Federal Hwy 1010 Seminole Dr., #1001	Amount of Each Disbursement this Period 2227.35
	City Ft Lauderdale State FL Zip Code 33304-1422	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Amazon.Com	Transaction ID: D372698 Date of Disbursement 09 / 09 / 2010
	Mailing Address 1200 12th Ave S	Amount of Each Disbursement this Period 976.89
	City Seattle State WA Zip Code 98144-2712	
	Purpose of Disbursement Admin Office Supplies Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Dominos	Transaction ID: D372702 Date of Disbursement 09 / 09 / 2010
	Mailing Address 2030 E Fletcher Ave	Amount of Each Disbursement this Period 77.15
	City Tampa State FL Zip Code 33612-3708	
	Purpose of Disbursement Staff Lunch Meeting Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2227.35
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Hotels.com</p> <p>Mailing Address 2500 Pennsylvania Ave NW</p> <p>City Washington State DC Zip Code 20037-1611</p> <p>Purpose of Disbursement Travel/Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D372703</p> <p>Date of Disbursement 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 85.80</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Marti Maceo</p> <p>Mailing Address 1226 E 7th Ave</p> <p>City Tampa State FL Zip Code 33605-3518</p> <p>Purpose of Disbursement Lease/Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D372699</p> <p>Date of Disbursement 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 200.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Office Depot-Corporate</p> <p>Mailing Address PO Box 633211</p> <p>City Cincinnati State OH Zip Code 45263-3211</p> <p>Purpose of Disbursement Admin Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D372697</p> <p>Date of Disbursement 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 678.86</p> <p><b>[MEMO ITEM]</b></p>

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

0.00

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Seven One Seven Parking Service, Inc.</p> <p>Mailing Address 1410 N Florida Ave</p> <p>City Tampa State FL Zip Code 33602-2612</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D372706 <b>Date of Disbursement</b> 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 5.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Subway - Corporate</p> <p>Mailing Address 325 Bic Dr</p> <p>City Milford State CT Zip Code 06461-3072</p> <p>Purpose of Disbursement Lunch Meeting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D372700 <b>Date of Disbursement</b> 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 107.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Sweetbay Supermarket</p> <p>Mailing Address 3801 Sugar Palm Dr</p> <p>City Tampa State FL Zip Code 33619-8301</p> <p>Purpose of Disbursement Admin Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D372701 <b>Date of Disbursement</b> 09 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 48.78</p> <p><b>[MEMO ITEM]</b></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Taxi Service	Transaction ID: D327205 Date of Disbursement
	Mailing Address 3675 NW 36th St	<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City Miami State FL Zip Code 33142-4913	Amount of Each Disbursement this Period
	Purpose of Disbursement Auto Travel	<input type="text" value="38.87"/>
	Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Walgreens	Transaction ID: D327204 Date of Disbursement
	Mailing Address 1845 Alton Rd	<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City Miami Beach State FL Zip Code 33139-1504	Amount of Each Disbursement this Period
	Purpose of Disbursement Admin Office Supplies	<input type="text" value="9.00"/>
	Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) John Brushwood	Transaction ID: D322876 Date of Disbursement
	Mailing Address 3009 W Barcelona St	<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City Tampa State FL Zip Code 33629-7201	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Supply Reimbursement	<input type="text" value="61.92"/>
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="61.92"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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)

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b> Full Name (Last, First, Middle Initial) Office Depot-Corporate <hr/> Mailing Address PO Box 633211 <hr/> City Cincinnati State OH Zip Code 45263-3211 <hr/> Purpose of Disbursement Admin Office Supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D372666 Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2010
	Amount of Each Disbursement this Period 61.92
	[MEMO ITEM]
	Category/ Type

<b>B.</b> Full Name (Last, First, Middle Initial) Matthew Wilson <hr/> Mailing Address 5760 Braveheart Way <hr/> City Tallahassee State FL Zip Code 32317-9409 <hr/> Purpose of Disbursement Staff Reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D322906 Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2010
	Amount of Each Disbursement this Period 91.58
	[MEMO ITEM]
	Category/ Type

<b>C.</b> Full Name (Last, First, Middle Initial) Matthew Wilson <hr/> Mailing Address 5760 Braveheart Way <hr/> City Tallahassee State FL Zip Code 32317-9409 <hr/> Purpose of Disbursement Auto Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D322907 Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2010
	Amount of Each Disbursement this Period 91.58
	[MEMO ITEM]
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	91.58
<b>TOTAL</b> 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)

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Lucas P Barks</p> <p>Mailing Address 71 Gray Rd</p> <p>City Gorham State ME Zip Code 04038-1110</p> <p>Purpose of Disbursement Staff Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D322908 <b>Date of Disbursement</b> 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 216.00</p> <p>Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Shell Gas - Corporate</p> <p>Mailing Address PO Box 2463</p> <p>City Houston State TX Zip Code 77252-2463</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D322909 <b>Date of Disbursement</b> 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 89.00</p> <p>[MEMO ITEM]</p> <p>Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Sunpass</p> <p>Mailing Address 605 Suwannee St</p> <p>City Tallahassee State FL Zip Code 32399-3601</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D322911 <b>Date of Disbursement</b> 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 27.00</p> <p>[MEMO ITEM]</p> <p>Category/ Type</p>

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

216.00

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b> Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 660108 City Dallas State TX Zip Code 75266-0108 Purpose of Disbursement Admin Cell Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D322910 Date of Disbursement 09 / 09 / 2010 Amount of Each Disbursement this Period 100.00 [MEMO ITEM]
	Category/Type	

<b>B.</b> Full Name (Last, First, Middle Initial) Ricardo Junquera Mailing Address 10041 SW 48th St City Miami State FL Zip Code 33165-6379 Purpose of Disbursement Staff Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D322934 Date of Disbursement 09 / 09 / 2010 Amount of Each Disbursement this Period 210.01
	Category/Type	

<b>C.</b> Full Name (Last, First, Middle Initial) Shell Gas - Corporate Mailing Address PO Box 2463 City Houston State TX Zip Code 77252-2463 Purpose of Disbursement Auto Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D322935 Date of Disbursement 09 / 09 / 2010 Amount of Each Disbursement this Period 210.01 [MEMO ITEM]
	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	210.01
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Kevin Chambliss	Transaction ID: D322936 Date of Disbursement 09 / 09 / 2010
	Mailing Address 746 N Annie Glidden Rd Apt 404	Amount of Each Disbursement this Period 252.00
	City Dekalb State IL Zip Code 60115-2130	
	Purpose of Disbursement Staff Reimbursement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Chevron	Transaction ID: D322938 Date of Disbursement 09 / 09 / 2010
	Mailing Address 501 El Camino Real	Amount of Each Disbursement this Period 152.00
	City Millbrae State CA Zip Code 94030-2030	
	Purpose of Disbursement Auto Travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Virgin Mobile	Transaction ID: D322937 Date of Disbursement 09 / 09 / 2010
	Mailing Address 100 E Magnolia Dr	Amount of Each Disbursement this Period 100.00
	City Tallahassee State FL Zip Code 32301-5567	
	Purpose of Disbursement Admin Cell Phone Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	252.00
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Sabrina Diz	Transaction ID: D322939 Date of Disbursement 09 / 09 / 2010
	Mailing Address 142 SE 9th Ct	Amount of Each Disbursement this Period 235.77
	City Hialeah State FL Zip Code 33010-5531	
	Purpose of Disbursement Staff Reimbursement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mobil Gas	Transaction ID: D322941 Date of Disbursement 09 / 09 / 2010
	Mailing Address 4705 W Lake Mary Blvd	Amount of Each Disbursement this Period 135.77
	City Lake Mary State FL Zip Code 32746-4305	
	Purpose of Disbursement Auto Travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) T-Mobile	Transaction ID: D322940 Date of Disbursement 09 / 09 / 2010
	Mailing Address PO Box 742596	Amount of Each Disbursement this Period 100.00
	City Cincinnati State OH Zip Code 45274-2596	
	Purpose of Disbursement Admin Cell Phone Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	235.77
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Gaston Araoz	Transaction ID: D322942 Date of Disbursement 09 / 09 / 2010
	Mailing Address 1505 Crystal Dr Apt 504	Amount of Each Disbursement this Period 123.99
	City Arlington State VA Zip Code 22202-4117	
	Purpose of Disbursement Staff Reimbursement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Shell Gas - Corporate	Transaction ID: D322944 Date of Disbursement 09 / 09 / 2010
	Mailing Address PO Box 2463	Amount of Each Disbursement this Period 52.89
	City Houston State TX Zip Code 77252-2463	
	Purpose of Disbursement Auto Travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Sprint	Transaction ID: D322943 Date of Disbursement 09 / 09 / 2010
	Mailing Address 6450 Sprint Pkwy	Amount of Each Disbursement this Period 71.10
	City Overland Park State KS Zip Code 66251-6105	
	Purpose of Disbursement Admin Cell Phone Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	123.99
<b>TOTAL</b> 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)

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b> Full Name (Last, First, Middle Initial) John Estes</p> <p>Mailing Address 9884 SW 26th Ter</p> <p>City Miami State FL Zip Code 33165-2627</p> <p>Purpose of Disbursement Staff Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D322945 <b>Date of Disbursement</b> 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 203.22</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Shell Gas - Corporate</p> <p>Mailing Address PO Box 2463</p> <p>City Houston State TX Zip Code 77252-2463</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D322947 <b>Date of Disbursement</b> 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 138.57</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Sprint</p> <p>Mailing Address 6450 Sprint Pkwy</p> <p>City Overland Park State KS Zip Code 66251-6105</p> <p>Purpose of Disbursement Admin Cell Phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D322946 <b>Date of Disbursement</b> 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 64.65</p> <p><b>[MEMO ITEM]</b></p>

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

203.22

**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)

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Emily Mcilveene</p> <p>Mailing Address 148 Meadow Brook Dr</p> <p>City Rock Spring State GA Zip Code 30739-2341</p> <p>Purpose of Disbursement Staff Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D322948 <b>Date of Disbursement</b> 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 261.84</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Florida's Turnpike</p> <p>Mailing Address Turnpike Mile Post 263 Bldg. 5315</p> <p>City Ocoee State FL Zip Code 34761</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D322951 <b>Date of Disbursement</b> 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 3.75</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Shell Gas - Corporate</p> <p>Mailing Address PO Box 2463</p> <p>City Houston State TX Zip Code 77252-2463</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D322950 <b>Date of Disbursement</b> 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 158.09</p> <p><b>[MEMO ITEM]</b></p>

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

261.84

**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)

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: D322949 Date of Disbursement 09 / 09 / 2010
	Mailing Address PO Box 660108	Amount of Each Disbursement this Period 100.00
	City Dallas State TX Zip Code 75266-0108	
	Purpose of Disbursement Admin Cell Phone Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Andrea D Huerfano	Transaction ID: D322952 Date of Disbursement 09 / 09 / 2010
	Mailing Address 2949 Riverside Dr Apt 227	Amount of Each Disbursement this Period 287.18
	City Coral Springs State FL Zip Code 33065-1017	
	Purpose of Disbursement Staff Reimbursement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Chevron	Transaction ID: D322953 Date of Disbursement 09 / 09 / 2010
	Mailing Address 501 El Camino Real	Amount of Each Disbursement this Period 148.18
	City Millbrae State CA Zip Code 94030-2030	
	Purpose of Disbursement Auto Travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

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

287.18

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)

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Metro PCS	Transaction ID: D322954 Date of Disbursement 09 / 09 / 2010
	Mailing Address Downtown	Amount of Each Disbursement this Period 99.00
	City Miami State FL Zip Code 33165	
	Purpose of Disbursement Admin Cell Phone Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Sunpass	Transaction ID: D322955 Date of Disbursement 09 / 09 / 2010
	Mailing Address 605 Suwannee St	Amount of Each Disbursement this Period 40.00
	City Tallahassee State FL Zip Code 32399-3601	
	Purpose of Disbursement Auto Travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Tarin Nix	Transaction ID: D322956 Date of Disbursement 09 / 09 / 2010
	Mailing Address 2704 French Pl Apt G	Amount of Each Disbursement this Period 421.43
	City Austin State TX Zip Code 78722-2330	
	Purpose of Disbursement Staff Reimbursement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	421.43
<b>TOTAL</b> 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 123 / 289

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b> Full Name (Last, First, Middle Initial) AT&T Mobility Mailing Address PO Box 538695 City Atlanta State GA Zip Code 30353-8695 Purpose of Disbursement Admin Cell Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D322958 Date of Disbursement 09 / 09 / 2010 Amount of Each Disbursement this Period 100.00 [MEMO ITEM]
	Category/ Type	

<b>B.</b> Full Name (Last, First, Middle Initial) Mobil Gas Mailing Address 4705 W Lake Mary Blvd City Lake Mary State FL Zip Code 32746-4305 Purpose of Disbursement Auto Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D322960 Date of Disbursement 09 / 09 / 2010 Amount of Each Disbursement this Period 281.43 [MEMO ITEM]
	Category/ Type	

<b>C.</b> Full Name (Last, First, Middle Initial) Sunpass Mailing Address 605 Suwannee St City Tallahassee State FL Zip Code 32399-3601 Purpose of Disbursement Auto Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D322961 Date of Disbursement 09 / 09 / 2010 Amount of Each Disbursement this Period 40.00 [MEMO ITEM]
	Category/ Type	

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

0.00

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Ashley Ball</p> <p>Mailing Address 822 E 15th Ave</p> <p>City New Smyrna Beach State FL Zip Code 32169-3404</p> <p>Purpose of Disbursement Staff Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D322962</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="109.63"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ashley Ball</p> <p>Mailing Address 822 E 15th Ave</p> <p>City New Smyrna Beach State FL Zip Code 32169-3404</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D322963</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="109.63"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Suzanne Kosmas</p> <p>Mailing Address 920 E 3rd Ave</p> <p>City New Smyrna Beach State FL Zip Code 32169-3147</p> <p>Purpose of Disbursement Office Equipment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D322964</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="850.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="959.63"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) 3604 Corporation, LLC</p> <p>Mailing Address 2691 Gingerwood Dr</p> <p>City New Smyrna Beach State FL Zip Code 32168-5466</p> <p>Purpose of Disbursement Office Equipment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D372671</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="850.00"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Hector Martinez</p> <p>Mailing Address 11100 SW 46th St</p> <p>City Miami State FL Zip Code 33165-4735</p> <p>Purpose of Disbursement Staff Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D322965</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="231.59"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) AT&amp;T Mobility</p> <p>Mailing Address PO Box 538695</p> <p>City Atlanta State GA Zip Code 30353-8695</p> <p>Purpose of Disbursement Admin Cell Phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D322967</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p> <p><b>[MEMO ITEM]</b></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="231.59"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b> Full Name (Last, First, Middle Initial) Mobil Gas Mailing Address 4705 W Lake Mary Blvd City Lake Mary State FL Zip Code 32746-4305 Purpose of Disbursement Auto Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D322966 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 1 0
	Amount of Each Disbursement this Period 131.59 [MEMO ITEM]

<b>B.</b> Full Name (Last, First, Middle Initial) Maria Quezada Mailing Address 322 E Mayfield Blvd City San Antonio State TX Zip Code 78214-2448 Purpose of Disbursement Staff Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D322968 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 1 0
	Amount of Each Disbursement this Period 447.00

<b>C.</b> Full Name (Last, First, Middle Initial) AT&T Mobility Mailing Address PO Box 538695 City Atlanta State GA Zip Code 30353-8695 Purpose of Disbursement Admin Cell Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D322970 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 1 0
	Amount of Each Disbursement this Period 100.00 [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	447.00
<b>TOTAL</b> 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)

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b> Full Name (Last, First, Middle Initial) Mobil Gas Mailing Address 4705 W Lake Mary Blvd City Lake Mary State FL Zip Code 32746-4305 Purpose of Disbursement Auto Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: D322969 Date of Disbursement 09 / 09 / 2010
	Amount of Each Disbursement this Period 347.00 [MEMO ITEM]

<b>B.</b> Full Name (Last, First, Middle Initial) Esther Arregui Mailing Address 902 Lisbon St City Coral Gables State FL Zip Code 33134-2240 Purpose of Disbursement Staff Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: D322971 Date of Disbursement 09 / 09 / 2010
	Amount of Each Disbursement this Period 14.22 [MEMO ITEM]

<b>C.</b> Full Name (Last, First, Middle Initial) Citgo - Corporate Mailing Address 1293 Eldridge Pkwy City Houston State TX Zip Code 77077-1670 Purpose of Disbursement Auto Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: D323020 Date of Disbursement 09 / 13 / 2010
	Amount of Each Disbursement this Period 14.22 [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	14.22
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Justin Shoham</p> <p>Mailing Address 28 Lark Pl</p> <p>City Old Bridge State NJ Zip Code 08857-3062</p> <p>Purpose of Disbursement Staff Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D323009</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="227.47"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Citgo - Corporate</p> <p>Mailing Address 1293 Eldridge Pkwy</p> <p>City Houston State TX Zip Code 77077-1670</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D323013</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="127.47"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address PO Box 660108</p> <p>City Dallas State TX Zip Code 75266-0108</p> <p>Purpose of Disbursement Admin Cell Phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D323012</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p> <p><b>[MEMO ITEM]</b></p>

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Denise Rodriguez	Transaction ID: D323021 Date of Disbursement 09 / 09 / 2010
	Mailing Address 12514 Wandering Brook Dr	Amount of Each Disbursement this Period 237.91
	City Charlotte State NC Zip Code 28273-6974	
	Purpose of Disbursement Staff Reimbursement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: D323023 Date of Disbursement 09 / 09 / 2010
	Mailing Address PO Box 538695	Amount of Each Disbursement this Period 100.00
	City Atlanta State GA Zip Code 30353-8695	
	Purpose of Disbursement Admin Cell Phone Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Citgo - Corporate	Transaction ID: D323022 Date of Disbursement 09 / 09 / 2010
	Mailing Address 1293 Eldridge Pkwy	Amount of Each Disbursement this Period 137.91
	City Houston State TX Zip Code 77077-1670	
	Purpose of Disbursement Auto Travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	237.91
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Jordan J Budd	Transaction ID: D323342 Date of Disbursement 09 / 15 / 2010
	Mailing Address 128 Century Dr	Amount of Each Disbursement this Period 192.06
	City Easley State SC Zip Code 29642	
	Purpose of Disbursement Staff Reimbursement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Jordan J Budd	Transaction ID: D323343 Date of Disbursement 09 / 15 / 2010
	Mailing Address 128 Century Dr	Amount of Each Disbursement this Period 192.06
	City Easley State SC Zip Code 29642	
	Purpose of Disbursement Auto Travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Craig Borkon	Transaction ID: D324720 Date of Disbursement 09 / 21 / 2010
	Mailing Address 8571 Brody Way ---	Amount of Each Disbursement this Period 400.00
	City Boca Raton State FL Zip Code 33433-7647	
	Purpose of Disbursement Phone Reimbursement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

592.06

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b> Full Name (Last, First, Middle Initial) AT&T Mobility Mailing Address PO Box 538695 City Atlanta State GA Zip Code 30353-8695 Purpose of Disbursement Admin Cell Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D372670 Date of Disbursement 09 / 21 / 2010 Amount of Each Disbursement this Period 400.00 [MEMO ITEM]
	Category/Type	[ ]

<b>B.</b> Full Name (Last, First, Middle Initial) Christopher Turner Mailing Address 2626 E Park Ave Apt 6104 City Tallahassee State FL Zip Code 32301-0816 Purpose of Disbursement Staff Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D324875 Date of Disbursement 09 / 22 / 2010 Amount of Each Disbursement this Period 239.85
	Category/Type	[ ]

<b>C.</b> Full Name (Last, First, Middle Initial) Publix Super Markets, Inc. Mailing Address P.O. 32009 PO Box 407 City Lakeland State FL Zip Code 33802-0407 Purpose of Disbursement Admin Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D324876 Date of Disbursement 09 / 22 / 2010 Amount of Each Disbursement this Period 239.85 [MEMO ITEM]
	Category/Type	[ ]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	239.85
<b>TOTAL</b> 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)

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Ashley Ball	Transaction ID: D324911 Date of Disbursement 09 / 21 / 2010
	Mailing Address 822 E 15th Ave	Amount of Each Disbursement this Period 473.03
	City New Smyrna Beach State FL Zip Code 32169-3404	
	Purpose of Disbursement Staff Reimbursement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ashley Ball	Transaction ID: D324912 Date of Disbursement 09 / 21 / 2010
	Mailing Address 822 E 15th Ave	Amount of Each Disbursement this Period 406.10
	City New Smyrna Beach State FL Zip Code 32169-3404	
	Purpose of Disbursement Auto Travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Publix Super Markets, Inc.	Transaction ID: D324914 Date of Disbursement 09 / 21 / 2010
	Mailing Address P.O. 32009 PO Box 407	Amount of Each Disbursement this Period 66.93
	City Lakeland State FL Zip Code 33802-0407	
	Purpose of Disbursement Admin Office Supplies Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	473.03
<b>TOTAL</b> 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 134 / 289

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Neil Potter	Transaction ID: D381891 Date of Disbursement 09 / 20 / 2010
	Mailing Address 1618 N Humboldt Blvd Apt 2	Amount of Each Disbursement this Period 180.00
	City Chicago State IL Zip Code 60647-5040	
	Purpose of Disbursement Auto Travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Joshua Romero	Transaction ID: D381888 Date of Disbursement 09 / 20 / 2010
	Mailing Address 2302 Simpson Ridge Cir Apt C	Amount of Each Disbursement this Period 120.00
	City Kissimmee State FL Zip Code 34744-4487	
	Purpose of Disbursement Auto Travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ashley Thomas	Transaction ID: D381892 Date of Disbursement 09 / 20 / 2010
	Mailing Address 1690 Dunn Ave Apt 806	Amount of Each Disbursement this Period 150.00
	City Daytona Beach State FL Zip Code 32114-1478	
	Purpose of Disbursement Auto Travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mildred O. Smith</p> <p>Mailing Address 3550 Esplanade Way Apt 8107</p> <p>City Tallahassee State FL Zip Code 32311-3755</p> <p>Purpose of Disbursement Staff Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D325318 <b>Date of Disbursement</b> 09 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 334.98</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Florida's Turnpike</p> <p>Mailing Address Turnpike Mile Post 263 Bldg. 5315</p> <p>City Ocoee State FL Zip Code 34761</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D325320 <b>Date of Disbursement</b> 09 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 17.25</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Shell Gas - Corporate</p> <p>Mailing Address PO Box 2463</p> <p>City Houston State TX Zip Code 77252-2463</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D325319 <b>Date of Disbursement</b> 09 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 317.73</p> <p><b>[MEMO ITEM]</b></p>

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

334.98

**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)

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

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)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Michael Gray	Transaction ID: D325536 Date of Disbursement 09 / 24 / 2010
	Mailing Address 920 E 3rd Ave	Amount of Each Disbursement this Period 233.08
	City New Smyrna Beach State FL Zip Code 32169-3147	
	Purpose of Disbursement Staff Reimbursement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Michael Gray	Transaction ID: D325537 Date of Disbursement 09 / 24 / 2010
	Mailing Address 920 E 3rd Ave	Amount of Each Disbursement this Period 233.08
	City New Smyrna Beach State FL Zip Code 32169-3147	
	Purpose of Disbursement Auto Travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Ogden Frank Clark	Transaction ID: D325538 Date of Disbursement 09 / 24 / 2010
	Mailing Address 3100 NE 49th St	Amount of Each Disbursement this Period 302.00
	City Fort Lauderdale State FL Zip Code 33308-4902	
	Purpose of Disbursement Staff Reimbursement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	535.08
<b>TOTAL</b> 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 137 / 289

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Blue Cross and Blue Shield of Florida	Transaction ID: D325539 Date of Disbursement 09 / 24 / 2010
	Mailing Address PO Box 2210	
	City Jacksonville State FL Zip Code 32203-2210	Amount of Each Disbursement this Period 302.00
	Purpose of Disbursement Benefits Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Dan Finer	Transaction ID: D325540 Date of Disbursement 09 / 24 / 2010
	Mailing Address 6050 River Trace Rd	
	City Tampa State FL Zip Code 33617-9100	Amount of Each Disbursement this Period 18.17
	Purpose of Disbursement Reimbursement Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Hannaford Brand Foods	Transaction ID: D325541 Date of Disbursement 09 / 24 / 2010
	Mailing Address 8 Merchants Way	
	City Middleboro State MA Zip Code 02346-1818	Amount of Each Disbursement this Period 18.17
	Purpose of Disbursement Admin Office Supplies Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

18.17

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Connor Davis</p> <p>Mailing Address 116 7th Ave N</p> <p>City Saint Petersburg State FL Zip Code 33701-2516</p> <p>Purpose of Disbursement Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D325546</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Miguel Reinoso</p> <p>Mailing Address 8325 June St</p> <p>City Tampa State FL Zip Code 33615-2814</p> <p>Purpose of Disbursement Admin Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D325547</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ashley Walker</p> <p>Mailing Address 1007 N Federal Hwy 1010 Seminole Dr., #1001</p> <p>City Ft Lauderdale State FL Zip Code 33304-1422</p> <p>Purpose of Disbursement Admin Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D325557</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1204.06"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1304.06"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Amazon.Com</p> <p>Mailing Address 1200 12th Ave S</p> <p>City Seattle State WA Zip Code 98144-2712</p> <p>Purpose of Disbursement Admin Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D372672</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="360.50"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Hotwire.com Online Travel</p> <p>Mailing Address 333 Market St Ste 100</p> <p>City San Francisco State CA Zip Code 94105-2146</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D372675</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="60.56"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Office Depot-Corporate</p> <p>Mailing Address PO Box 633211</p> <p>City Cincinnati State OH Zip Code 45263-3211</p> <p>Purpose of Disbursement Admin Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D372674</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="466.88"/></p> <p><b>[MEMO ITEM]</b></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Southwest Airlines	Transaction ID: D372673 Date of Disbursement 09 / 24 / 2010
	Mailing Address 2425 Wyman St	Amount of Each Disbursement this Period 239.40
	City Dallas State TX Zip Code 75235-2501	
	Purpose of Disbursement Air Travel	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) The Home Depot	Transaction ID: D372676 Date of Disbursement 09 / 24 / 2010
	Mailing Address 9941 E Adamo Dr	Amount of Each Disbursement this Period 76.72
	City Tampa State FL Zip Code 33619-2617	
	Purpose of Disbursement Admin Office Supplies	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Stephen Carville	Transaction ID: D325700 Date of Disbursement 09 / 28 / 2010
	Mailing Address 2401 W Morrison Ave 6610 Burden Ln	Amount of Each Disbursement this Period 74.69
	City Tampa State FL Zip Code 33629-4756	
	Purpose of Disbursement Staff Reimbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	74.69
<b>TOTAL</b> 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)

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Stephen Carville	Transaction ID: D325701 Date of Disbursement 09 / 28 / 2010
	Mailing Address 2401 W Morrison Ave 6610 Burden Ln	Amount of Each Disbursement this Period 74.69
	City Tampa State FL Zip Code 33629-4756	
	Purpose of Disbursement Auto Travel	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Jason Lutin	Transaction ID: D326037 Date of Disbursement 09 / 28 / 2010
	Mailing Address 2540 NW 24th St	Amount of Each Disbursement this Period 537.86
	City Boca Raton State FL Zip Code 33434-4359	
	Purpose of Disbursement Reimbursement	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Fedex Kinko's	Transaction ID: D326039 Date of Disbursement 09 / 28 / 2010
	Mailing Address 2417 Ponce De Leon Blvd	Amount of Each Disbursement this Period 177.86
	City Coral Gables State FL Zip Code 33134-6016	
	Purpose of Disbursement Admin Office Supplies	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	537.86
<b>TOTAL</b> 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)

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: D326038 Date of Disbursement 09 / 28 / 2010
	Mailing Address PO Box 660108	Amount of Each Disbursement this Period 360.00
	City Dallas State TX Zip Code 75266-0108	
	Purpose of Disbursement Admin Cell Phone Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Pamela Rivera	Transaction ID: D326041 Date of Disbursement 09 / 30 / 2010
	Mailing Address 232 Afton Sq Unit 212	Amount of Each Disbursement this Period 262.01
	City Altamonte Springs State FL Zip Code 32714-3848	
	Purpose of Disbursement Reimbursement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Pamela Rivera	Transaction ID: D326042 Date of Disbursement 09 / 30 / 2010
	Mailing Address 232 Afton Sq Unit 212	Amount of Each Disbursement this Period 155.52
	City Altamonte Springs State FL Zip Code 32714-3848	
	Purpose of Disbursement Auto Travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	262.01
<b>TOTAL</b> 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 143 / 289

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) T-Mobile	Transaction ID: D326043 Date of Disbursement 09 / 30 / 2010
	Mailing Address PO Box 742596	Amount of Each Disbursement this Period 106.49
	City Cincinnati State OH Zip Code 45274-2596	
	Purpose of Disbursement Admin Cell Phone Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Michael Gray	Transaction ID: D326044 Date of Disbursement 09 / 30 / 2010
	Mailing Address 920 E 3rd Ave	Amount of Each Disbursement this Period 531.09
	City New Smyrna Beach State FL Zip Code 32169-3147	
	Purpose of Disbursement Reimbursement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Michael Gray	Transaction ID: D326045 Date of Disbursement 09 / 30 / 2010
	Mailing Address 920 E 3rd Ave	Amount of Each Disbursement this Period 411.09
	City New Smyrna Beach State FL Zip Code 32169-3147	
	Purpose of Disbursement Auto Travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

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

531.09

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b> Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 660108 City Dallas State TX Zip Code 75266-0108 Purpose of Disbursement Admin Cell Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D326046 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 120.00 [MEMO ITEM]

<b>B.</b> Full Name (Last, First, Middle Initial) Christopher Lazo Mailing Address 1951 N Meridian Rd Apt 28 City Tallahassee State FL Zip Code 32303-5249 Purpose of Disbursement Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D326047 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 479.75

<b>C.</b> Full Name (Last, First, Middle Initial) Checkers Drive-In Restaurants, Inc. Mailing Address PO Box 1079 City Clearwater State FL Zip Code 33757-1079 Purpose of Disbursement Lunch Meeting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D326049 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 8.68 [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	479.75
<b>TOTAL</b> 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)

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Christopher Lazo</p> <p>Mailing Address 1951 N Meridian Rd Apt 28</p> <p>City Tallahassee State FL Zip Code 32303-5249</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D326048 <b>Date of Disbursement</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 471.07</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Royal Performace Group</p> <p>Mailing Address 2100 Western Ave Ste 80</p> <p>City Lisle State IL Zip Code 60532-1971</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D326105 <b>Date of Disbursement</b> 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 4075.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Marquis Bridgewater</p> <p>Mailing Address 1512 NW 46th St</p> <p>City Miami State FL Zip Code 33142-4148</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D381885 <b>Date of Disbursement</b> 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 285.00</p> <p><b>[MEMO ITEM]</b></p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

4075.00

**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)

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Tina Bruce</p> <p>Mailing Address 5973 Jessica Dr</p> <p>City Apopka State FL Zip Code 32703-1939</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D381874</p> <p>Date of Disbursement 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 230.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Tina Bruce</p> <p>Mailing Address 5973 Jessica Dr</p> <p>City Apopka State FL Zip Code 32703-1939</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D364392</p> <p>Date of Disbursement 10 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 130.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Rugh Cline</p> <p>Mailing Address 7720 Abbott Ave Apt 11</p> <p>City Miami Beach State FL Zip Code 33141-2399</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D364346</p> <p>Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 75.00</p> <p><b>[MEMO ITEM]</b></p>

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

0.00

**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)

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Rugh Cline</p> <p>Mailing Address 7720 Abbott Ave Apt 11</p> <p>City Miami Beach State FL Zip Code 33141-2399</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D381875</p> <p><b>Date of Disbursement</b> 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 285.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Connor Davis</p> <p>Mailing Address 116 7th Ave N</p> <p>City Saint Petersburg State FL Zip Code 33701-2516</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D364389</p> <p><b>Date of Disbursement</b> 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 75.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Clifford Davy</p> <p>Mailing Address 5055 Wellington Park Cir Apt C18</p> <p>City Orlando State FL Zip Code 32839-4591</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D381878</p> <p><b>Date of Disbursement</b> 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 150.00</p> <p><b>[MEMO ITEM]</b></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Claude Delmas</p> <p>Mailing Address 385 NE 159th St</p> <p>City Miami State FL Zip Code 33162-5007</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D381877 <b>Date of Disbursement</b> 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 225.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Michelle Guerin</p> <p>Mailing Address 8670 Wesleyan Dr Apt 307</p> <p>City Fort Myers State FL Zip Code 33919-5242</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D381882 <b>Date of Disbursement</b> 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 285.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Zachary Jones</p> <p>Mailing Address 1555 Delaney Dr Apt 312</p> <p>City Tallahassee State FL Zip Code 32309-3441</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D364395 <b>Date of Disbursement</b> 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><b>[MEMO ITEM]</b></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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)

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Jason Lutin	Transaction ID: D364343 Date of Disbursement 09 / 29 / 2010
	Mailing Address 2540 NW 24th St	Amount of Each Disbursement this Period 150.00
	City Boca Raton State FL Zip Code 33434-4359	
	Purpose of Disbursement Auto Travel	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Miguel Reinoso	Transaction ID: D364390 Date of Disbursement 10 / 01 / 2010
	Mailing Address 8325 June St	Amount of Each Disbursement this Period 160.00
	City Tampa State FL Zip Code 33615-2814	
	Purpose of Disbursement Auto travel	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Arthur Moore	Transaction ID: D381887 Date of Disbursement 09 / 29 / 2010
	Mailing Address 1816 NW 92nd St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33147-3134	
	Purpose of Disbursement Auto Travel	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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)

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Kathleen Munsford	Transaction ID: D381880 Date of Disbursement 09 / 29 / 2010
	Mailing Address 16835 NW 42nd Ave	Amount of Each Disbursement this Period 285.00
	City Miami Gardens State FL Zip Code 33055-4403	
	Purpose of Disbursement Auto Travel	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Kerry Nicholson	Transaction ID: D381886 Date of Disbursement 09 / 29 / 2010
	Mailing Address 3252 Sawgrass Creek Cir	Amount of Each Disbursement this Period 285.00
	City Saint Cloud State FL Zip Code 34772-7941	
	Purpose of Disbursement Auto Travel	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Joseph J Pierce	Transaction ID: D381879 Date of Disbursement 09 / 29 / 2010
	Mailing Address 2656 S Scenic Hwy	Amount of Each Disbursement this Period 225.00
	City Lake Wales State FL Zip Code 33898-7409	
	Purpose of Disbursement Auto Travel	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Margaret Ramirez	Transaction ID: D381883 Date of Disbursement 09 / 29 / 2010
	Mailing Address 13671 SW 38th Avenue Rd	Amount of Each Disbursement this Period 300.00
	City Ocala State FL Zip Code 34473-2105	
	Purpose of Disbursement Auto Travel	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Edgar Rincon	Transaction ID: D381884 Date of Disbursement 09 / 29 / 2010
	Mailing Address 225 SW 159th Way	Amount of Each Disbursement this Period 150.00
	City Sunrise State FL Zip Code 33326-2274	
	Purpose of Disbursement Auto Travel	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Jean Roseme	Transaction ID: D381876 Date of Disbursement 09 / 29 / 2010
	Mailing Address 101 NE 31st St	Amount of Each Disbursement this Period 300.00
	City Pompano Beach State FL Zip Code 33064-3645	
	Purpose of Disbursement Auto Travel	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b> Full Name (Last, First, Middle Initial) Jacob Smith <hr/> Mailing Address 2121 Intracoastal Dr <hr/> City Fort Lauderdale State FL Zip Code 33305-3637 Purpose of Disbursement Auto Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D381881 Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2010
	Amount of Each Disbursement this Period 225.00  <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Joseph Szerejko <hr/> Mailing Address 15 Thicket Ln <hr/> City West Hartford State CT Zip Code 06107-1320 Purpose of Disbursement Auto Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D364345 Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2010
	Amount of Each Disbursement this Period 75.00  <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	948277.02

**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)

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<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

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.** Full Name (Last, First, Middle Initial)  
Florida Democratic Party Non Federal Account

Mailing Address 214 S Bronough St

City Tallahassee State FL Zip Code 32301-1705

Purpose of Disbursement  
Transfer to non federal account

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D430392

Date of Disbursement

09 / 13 / 2010

Amount of Each Disbursement this Period

146025.00

**B.** Full Name (Last, First, Middle Initial)  
Florida Democratic Party

Mailing Address 214 S Bronough St

City Tallahassee State FL Zip Code 32301-1705

Purpose of Disbursement  
Transfer to Non Federal

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D436864

Date of Disbursement

09 / 16 / 2010

Amount of Each Disbursement this Period

7500.00

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

153525.00

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

153525.00

A. Form/Schedule : **SB29**  
Transaction ID : **D430392**

Federal money moved to Non Federal account.

B. Form/Schedule : **SB29**  
Transaction ID : **D436864**

Deposit error - transferred to Non Federal 9/17/2010

B. Form/Schedule : **SB29**

Deposit error - transferred to non federal.

Transaction ID : **D436864**

# 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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b> Full Name (Last, First, Middle Initial) Ramone Anderson <hr/> Mailing Address 2764 Tess Cir <hr/> City Tallahassee State FL Zip Code 32304-1167 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D326576 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 152.38
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Gaston Araoz <hr/> Mailing Address 1505 Crystal Dr Apt 504 <hr/> City Arlington State VA Zip Code 22202-4117 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D326526 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 831.03
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Gaston Araoz <hr/> Mailing Address 1505 Crystal Dr Apt 504 <hr/> City Arlington State VA Zip Code 22202-4117 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D324403 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 689.48
	Category/ Type
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1672.89
<b>TOTAL</b> 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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Gabrielle Ann Arcangeli	Transaction ID: D323424 Date of Disbursement 09 / 15 / 2010
	Mailing Address 155 Whetherbine Way W	
	City Tallahassee State FL Zip Code 32301-8538	Amount of Each Disbursement this Period 1360.11
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Gabrielle Ann Arcangeli	Transaction ID: D326723 Date of Disbursement 09 / 30 / 2010
	Mailing Address 155 Whetherbine Way W	
	City Tallahassee State FL Zip Code 32301-8538	Amount of Each Disbursement this Period 1360.10
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Scott Arceneaux	Transaction ID: D326708 Date of Disbursement 09 / 30 / 2010
	Mailing Address 1544 Lorimier Rd	
	City Jacksonville State FL Zip Code 32207-4240	Amount of Each Disbursement this Period 4232.09
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6952.30
<b>TOTAL</b> 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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Scott Arceneaux</p> <p>Mailing Address 1544 Lorimier Rd</p> <p>City Jacksonville State FL Zip Code 32207-4240</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D323421 <b>Date of Disbursement</b> 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 4232.08</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Esther Arregui</p> <p>Mailing Address 902 Lisbon St</p> <p>City Coral Gables State FL Zip Code 33134-2240</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D324569 <b>Date of Disbursement</b> 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 689.48</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Alan Awad</p> <p>Mailing Address 13612 Avalon Heights Blvd Apt 204B</p> <p>City Tampa State FL Zip Code 33613-4676</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D323432 <b>Date of Disbursement</b> 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1037.55</p>

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

5959.11

**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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b> Full Name (Last, First, Middle Initial) Alan Awad <hr/> Mailing Address 13612 Avalon Heights Blvd Apt 204B <hr/> City Tampa State FL Zip Code 33613-4676 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D326741 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 1037.56
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Rishi Bagga <hr/> Mailing Address 3619 Devereaux Ct <hr/> City Orlando State FL Zip Code 32837-5463 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D326805 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 1207.77
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Ashley Ball <hr/> Mailing Address 822 E 15th Ave <hr/> City New Smyrna Beach State FL Zip Code 32169-3404 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D326512 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 1802.98
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4048.31
<b>TOTAL</b> 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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b> Full Name (Last, First, Middle Initial) Ashley Ball <hr/> Mailing Address 822 E 15th Ave <hr/> City New Smyrna Beach State FL Zip Code 32169-3404 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D324398 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010
	Amount of Each Disbursement this Period 1802.98
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Steven Balog <hr/> Mailing Address 13413 Thomasville Cir <hr/> City Tampa State FL Zip Code 33617-9344 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D323433 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010
	Amount of Each Disbursement this Period 1118.33
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Steven Balog <hr/> Mailing Address 13413 Thomasville Cir <hr/> City Tampa State FL Zip Code 33617-9344 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D326742 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 1118.34
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4039.65
<b>TOTAL</b> 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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Lucas P Barks  Mailing Address 71 Gray Rd  City Gorham State ME Zip Code 04038-1110  Purpose of Disbursement Salary Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D326527 Date of Disbursement 09 / 30 / 2010  Amount of Each Disbursement this Period 831.03
B.	Full Name (Last, First, Middle Initial) Lucas P Barks  Mailing Address 71 Gray Rd  City Gorham State ME Zip Code 04038-1110  Purpose of Disbursement Salary Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D324404 Date of Disbursement 09 / 15 / 2010  Amount of Each Disbursement this Period 689.48
C.	Full Name (Last, First, Middle Initial) Jason Barnaby  Mailing Address 815 McBean Ct  City McDonough State GA Zip Code 30252-4162  Purpose of Disbursement Salary Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D323443 Date of Disbursement 09 / 15 / 2010  Amount of Each Disbursement this Period 1447.47

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2967.98
<b>TOTAL</b> 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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Jason Barnaby	Transaction ID: D322587 Date of Disbursement 09 / 02 / 2010
	Mailing Address 815 McBean Ct	
	City McDonough State GA Zip Code 30252-4162	Amount of Each Disbursement this Period 770.65
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Jason Barnaby	Transaction ID: D326759 Date of Disbursement 09 / 30 / 2010
	Mailing Address 815 McBean Ct	
	City McDonough State GA Zip Code 30252-4162	Amount of Each Disbursement this Period 1447.48
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Boris Bastidas	Transaction ID: D326501 Date of Disbursement 09 / 30 / 2010
	Mailing Address 1880 Florida Atlantic Blvd # 24N	
	City Boca Raton State FL Zip Code 33431-6455	Amount of Each Disbursement this Period 103.89
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

2322.02

**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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b> Full Name (Last, First, Middle Initial) Boris Bastidas <hr/> Mailing Address 1880 Florida Atlantic Blvd # 24N <hr/> City Boca Raton State FL Zip Code 33431-6455 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D324640 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010
	Amount of Each Disbursement this Period 421.83
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Robin Batts <hr/> Mailing Address 2421 Jackson Bluff Rd Apt 611C <hr/> City Tallahassee State FL Zip Code 32304-4537 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D326570 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 36.94
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Pablo Best <hr/> Mailing Address 623 N Federal Hwy <hr/> City Pompano Beach State FL Zip Code 33062-4301 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D326598 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 631.48
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1090.25

**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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Pablo Best</p> <p>Mailing Address 623 N Federal Hwy</p> <p>City Pompano Beach State FL Zip Code 33062-4301</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D324641 <b>Date of Disbursement</b> 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 827.26</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Pablo Best</p> <p>Mailing Address 623 N Federal Hwy</p> <p>City Pompano Beach State FL Zip Code 33062-4301</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D324070 <b>Date of Disbursement</b> 09 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 700.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Pablo Best</p> <p>Mailing Address 623 N Federal Hwy</p> <p>City Pompano Beach State FL Zip Code 33062-4301</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D324755 <b>Date of Disbursement</b> 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 827.26</p>

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

2354.52

**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)

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<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 type="checkbox"/> 29	<input checked="" 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)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Craig Borkon</p> <p>Mailing Address 8571 Brody Way ---</p> <p>City Boca Raton State FL Zip Code 33433-7647</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D324386 <b>Date of Disbursement</b> 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1447.47</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Craig Borkon</p> <p>Mailing Address 8571 Brody Way ---</p> <p>City Boca Raton State FL Zip Code 33433-7647</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D326793 <b>Date of Disbursement</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1960.94</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Eric Bornstein</p> <p>Mailing Address 12 Bellevue Ave</p> <p>City Dobbs Ferry State NY Zip Code 10522-2606</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D326764 <b>Date of Disbursement</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1447.47</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4855.88
<b>TOTAL</b> 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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Eric Bornstein	Transaction ID: D323446 Date of Disbursement 09 / 15 / 2010
	Mailing Address 12 Bellevue Ave	Amount of Each Disbursement this Period 1447.47
	City Dobbs Ferry State NY Zip Code 10522-2606	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Eric Bornstein	Transaction ID: D323340 Date of Disbursement 09 / 15 / 2010
	Mailing Address 12 Bellevue Ave	Amount of Each Disbursement this Period 550.02
	City Dobbs Ferry State NY Zip Code 10522-2606	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Jose Bosque	Transaction ID: D326615 Date of Disbursement 09 / 30 / 2010
	Mailing Address 2314 Twilight Dr	Amount of Each Disbursement this Period 221.64
	City Orlando State FL Zip Code 32825-7414	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2219.13
<b>TOTAL</b> 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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Joshua Bosque	Transaction ID: D326614 Date of Disbursement 09 / 30 / 2010
	Mailing Address 6547 Hiddenwalk Dr Apt A	Amount of Each Disbursement this Period 221.64
	City Winter Park State FL Zip Code 32792-8438	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Jeffrey E Branch	Transaction ID: D326763 Date of Disbursement 09 / 30 / 2010
	Mailing Address 3700 Capital Cir SE Apt 520	Amount of Each Disbursement this Period 1624.19
	City Tallahassee State FL Zip Code 32311-2706	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Jeffrey E Branch	Transaction ID: D323463 Date of Disbursement 09 / 15 / 2010
	Mailing Address 3700 Capital Cir SE Apt 520	Amount of Each Disbursement this Period 1624.19
	City Tallahassee State FL Zip Code 32311-2706	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3470.02
<b>TOTAL</b> 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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b> Full Name (Last, First, Middle Initial) William Brookley <hr/> Mailing Address 1768 16th Ave N <hr/> City Lake Worth State FL Zip Code 33460-6422 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D322563 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 1 0
	Amount of Each Disbursement this Period 80.00
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) William Brookley <hr/> Mailing Address 1768 16th Ave N <hr/> City Lake Worth State FL Zip Code 33460-6422 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D324650 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 219.33
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) William Brookley <hr/> Mailing Address 1768 16th Ave N <hr/> City Lake Worth State FL Zip Code 33460-6422 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D326601 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 265.51
	Category/ Type
	Category/ Type

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

**564.84**

**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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b> Full Name (Last, First, Middle Initial) Wilma Brown <hr/> Mailing Address 3817 Bennett Rd <hr/> City Screven State GA Zip Code 31560-9133 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D326766 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 1014.39
	Category/Type
	(Empty box for Category/Type)
<b>B.</b> Full Name (Last, First, Middle Initial) Wilma Brown <hr/> Mailing Address 3817 Bennett Rd <hr/> City Screven State GA Zip Code 31560-9133 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D323448 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010
	Amount of Each Disbursement this Period 1014.39
	Category/Type
	(Empty box for Category/Type)
<b>C.</b> Full Name (Last, First, Middle Initial) David Browne <hr/> Mailing Address 417 S Paloma Pl <hr/> City Tampa State FL Zip Code 33609-3711 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D323447 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010
	Amount of Each Disbursement this Period 2196.66
	Category/Type
	(Empty box for Category/Type)

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4225.44
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) David Browne	Transaction ID: D326765 Date of Disbursement 09 / 30 / 2010
	Mailing Address 417 S Paloma Pl	Amount of Each Disbursement this Period 1960.94
	City Tampa State FL Zip Code 33609-3711	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Tina Bruce	Transaction ID: D364080 Date of Disbursement 09 / 30 / 2010
	Mailing Address 5973 Jessica Dr	Amount of Each Disbursement this Period 73.88
	City Apopka State FL Zip Code 32703-1939	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Jordan J Budd	Transaction ID: D326520 Date of Disbursement 09 / 30 / 2010
	Mailing Address 128 Century Dr	Amount of Each Disbursement this Period 1207.77
	City Easley State SC Zip Code 29642	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

3242.59

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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Jordan J Budd	Transaction ID: D324663 Date of Disbursement 09 / 15 / 2010
	Mailing Address 128 Century Dr	Amount of Each Disbursement this Period 821.02
	City Easley State SC Zip Code 29642	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Jordan J Budd	Transaction ID: D323341 Date of Disbursement 09 / 15 / 2010
	Mailing Address 128 Century Dr	Amount of Each Disbursement this Period 500.00
	City Easley State SC Zip Code 29642	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Akeem Carr	Transaction ID: D326571 Date of Disbursement 09 / 30 / 2010
	Mailing Address 1325 W Tharpe St Apt 911	Amount of Each Disbursement this Period 110.82
	City Tallahassee State FL Zip Code 32303-4599	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1431.84
<b>TOTAL</b> 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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Kevin Chambliss	Transaction ID: D326529 Date of Disbursement
	Mailing Address 746 N Annie Glidden Rd Apt 404	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Dekalb State IL Zip Code 60115-2130	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Candidate Name	<input type="text" value="854.19"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kevin Chambliss	Transaction ID: D324406 Date of Disbursement
	Mailing Address 746 N Annie Glidden Rd Apt 404	<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City Dekalb State IL Zip Code 60115-2130	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Candidate Name	<input type="text" value="712.64"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Michael Church	Transaction ID: D324643 Date of Disbursement
	Mailing Address 3271 NW 114th Ave	<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City Pompano Beach State FL Zip Code 33065-3107	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Candidate Name	<input type="text" value="375.51"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1942.34"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b> Full Name (Last, First, Middle Initial) Michael Church <hr/> Mailing Address 3271 NW 114th Ave <hr/> City Pompano Beach State FL Zip Code 33065-3107 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D326502 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 222.22
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Ogden Frank Clark <hr/> Mailing Address 3100 NE 49th St <hr/> City Fort Lauderdale State FL Zip Code 33308-4902 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D326193 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 1014.40
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Ogden Frank Clark <hr/> Mailing Address 3100 NE 49th St <hr/> City Fort Lauderdale State FL Zip Code 33308-4902 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D324385 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1014.39
	Category/ Type
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2251.01
<b>TOTAL</b> 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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Rugh Cline</p> <p>Mailing Address 7720 Abbott Ave Apt 11</p> <p>City Miami Beach State FL Zip Code 33141-2399</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D326806 <b>Date of Disbursement</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1917.40</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Matthew Coppens</p> <p>Mailing Address 2830 4th St NW</p> <p>City Naples State FL Zip Code 34120-1394</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D326530 <b>Date of Disbursement</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 587.42</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Matthew Coppens</p> <p>Mailing Address 2830 4th St NW</p> <p>City Naples State FL Zip Code 34120-1394</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D324554 <b>Date of Disbursement</b> 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 666.32</p>

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

3171.14

**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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b>	Full Name (Last, First, Middle Initial) James Cornille <hr/> Mailing Address 1301 S Flagler Dr <hr/> City West Palm Beach State FL Zip Code 33401-6719 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D324389 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 1 0	Amount of Each Disbursement this Period  285.71
<b>B.</b>	Full Name (Last, First, Middle Initial) James Cornille <hr/> Mailing Address 1301 S Flagler Dr <hr/> City West Palm Beach State FL Zip Code 33401-6719 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D322544 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 1 0	Amount of Each Disbursement this Period  55.00
<b>C.</b>	Full Name (Last, First, Middle Initial) James Cornille <hr/> Mailing Address 1301 S Flagler Dr <hr/> City West Palm Beach State FL Zip Code 33401-6719 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D326503 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0	Amount of Each Disbursement this Period  184.70

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	525.41
<b>TOTAL</b> 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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Conner Crawford	Transaction ID: D326591 Date of Disbursement 09 / 30 / 2010
	Mailing Address 75 N Woodward Ave	Amount of Each Disbursement this Period 110.82
	City Tallahassee State FL Zip Code 32313-7500	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Henry Crespo	Transaction ID: D326794 Date of Disbursement 09 / 30 / 2010
	Mailing Address 219 NW 14th Ter 4952 NW 7th Ave, 33127	Amount of Each Disbursement this Period 2735.53
	City Miami State FL Zip Code 33136-1817	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Danielle Davis	Transaction ID: D326504 Date of Disbursement 09 / 30 / 2010
	Mailing Address 2131 NW 152nd St	Amount of Each Disbursement this Period 69.27
	City Opa Locka State FL Zip Code 33054-2804	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2915.62
<b>TOTAL</b> 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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b> Full Name (Last, First, Middle Initial) Danielle Davis <hr/> Mailing Address 2131 NW 152nd St <hr/> City Opa Locka State FL Zip Code 33054-2804 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D324644 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010
	Amount of Each Disbursement this Period 251.08
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Clifford Davy <hr/> Mailing Address 5055 Wellington Park Cir Apt C18 <hr/> City Orlando State FL Zip Code 32839-4591 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D323434 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010
	Amount of Each Disbursement this Period 1154.37
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Clifford Davy <hr/> Mailing Address 5055 Wellington Park Cir Apt C18 <hr/> City Orlando State FL Zip Code 32839-4591 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D326743 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 1154.38
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

2559.83

**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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kathryn DeCarlo</p> <p>Mailing Address 666 Noe St Unit A</p> <p>City San Francisco State CA Zip Code 94114-2530</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D326509 <b>Date of Disbursement</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1022.05</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Nicholas Denmon</p> <p>Mailing Address 8300 41st Ave N</p> <p>City Saint Petersburg State FL Zip Code 33709-3943</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D326767 <b>Date of Disbursement</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1486.67</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Nicholas Denmon</p> <p>Mailing Address 8300 41st Ave N</p> <p>City Saint Petersburg State FL Zip Code 33709-3943</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D323449 <b>Date of Disbursement</b> 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1486.67</p>

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

3995.39

**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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Yves Dessin	Transaction ID: D326565 Date of Disbursement 09 / 30 / 2010
	Mailing Address 2764 Tess Cir	Amount of Each Disbursement this Period 110.82
	City Tallahassee State FL Zip Code 32304-1167	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Michael Deutsch	Transaction ID: D322530 Date of Disbursement 09 / 02 / 2010
	Mailing Address 4125 Georges Way	Amount of Each Disbursement this Period 80.00
	City Boca Raton State FL Zip Code 33434-5345	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Michael Deutsch	Transaction ID: D324652 Date of Disbursement 09 / 15 / 2010
	Mailing Address 4125 Georges Way	Amount of Each Disbursement this Period 80.81
	City Boca Raton State FL Zip Code 33434-5345	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

271.63

**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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b> Full Name (Last, First, Middle Initial) Ernest DeZavala <hr/> Mailing Address 740 Meridale Ave <hr/> City Orlando State FL Zip Code 32803-4259 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D364075 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 369.40
	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Sabrina Diz <hr/> Mailing Address 142 SE 9th Ct <hr/> City Hialeah State FL Zip Code 33010-5531 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D326531 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 807.87
	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Sabrina Diz <hr/> Mailing Address 142 SE 9th Ct <hr/> City Hialeah State FL Zip Code 33010-5531 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D324556 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010
	Amount of Each Disbursement this Period 666.32
	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1843.59

**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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Michael Edwards <hr/> Mailing Address 809 Apache St <hr/> City Tallahassee State FL Zip Code 32301-7003 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D326573 Date of Disbursement 09 / 30 / 2010	Amount of Each Disbursement this Period 147.76
B.	Full Name (Last, First, Middle Initial) Michael Estell <hr/> Mailing Address 400 Putnam Dr <hr/> City Tallahassee State FL Zip Code 32301-6384 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D326561 Date of Disbursement 09 / 30 / 2010	Amount of Each Disbursement this Period 106.20
C.	Full Name (Last, First, Middle Initial) John Estes <hr/> Mailing Address 9884 SW 26th Ter <hr/> City Miami State FL Zip Code 33165-2627 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D326532 Date of Disbursement 09 / 30 / 2010	Amount of Each Disbursement this Period 854.20

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1108.16
<b>TOTAL</b> 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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) John Estes	Transaction ID: D324561 Date of Disbursement 09 / 15 / 2010
	Mailing Address 9884 SW 26th Ter	Amount of Each Disbursement this Period 712.64
	City Miami State FL Zip Code 33165-2627	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Jared Fields	Transaction ID: D326590 Date of Disbursement 09 / 30 / 2010
	Mailing Address 5329 Dreamers Ln	Amount of Each Disbursement this Period 36.94
	City Tallahassee State FL Zip Code 32303-5688	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) David Fifer	Transaction ID: D326768 Date of Disbursement 09 / 30 / 2010
	Mailing Address 2790 Old St Augustine Rd Apt P166	Amount of Each Disbursement this Period 1037.55
	City Tallahassee State FL Zip Code 32301-6214	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

1787.13

**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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) David Fifer	Transaction ID: D323450 Date of Disbursement 09 / 15 / 2010
	Mailing Address 2790 Old St Augustine Rd Apt P166	Amount of Each Disbursement this Period 1037.55
	City Tallahassee State FL Zip Code 32301-6214	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Florida Department of State	Transaction ID: D322880 Date of Disbursement 09 / 09 / 2010
	Mailing Address 500 S Bronough St R A GRAY BLDG	Amount of Each Disbursement this Period 10.00
	City Tallahassee State FL Zip Code 32399-6504	
	Purpose of Disbursement Voter File Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Florida Department of State	Transaction ID: D326033 Date of Disbursement 09 / 30 / 2010
	Mailing Address 500 S Bronough St R A GRAY BLDG	Amount of Each Disbursement this Period 10.00
	City Tallahassee State FL Zip Code 32399-6504	
	Purpose of Disbursement Voter File Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1057.55
<b>TOTAL</b> 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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jomar Floyd</p> <p>Mailing Address 984 Beaver Creek Way</p> <p>City Tallahassee State FL Zip Code 32301-7313</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D326577 <b>Date of Disbursement</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 73.88</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Marcus Garza</p> <p>Mailing Address 10505 Lake Williams Dr</p> <p>City Odessa State FL Zip Code 33556-2643</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D326744 <b>Date of Disbursement</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1037.56</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Marcus Garza</p> <p>Mailing Address 10505 Lake Williams Dr</p> <p>City Odessa State FL Zip Code 33556-2643</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D323435 <b>Date of Disbursement</b> 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1037.55</p>

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

2148.99

**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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Brendan Gleason	Transaction ID: D324647 Date of Disbursement 09 / 15 / 2010
	Mailing Address 6000 Moss Glen Ct	Amount of Each Disbursement this Period 1615.58
	City Clifton State VA Zip Code 20124-2364	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Brendan Gleason	Transaction ID: D326595 Date of Disbursement 09 / 30 / 2010
	Mailing Address 6000 Moss Glen Ct	Amount of Each Disbursement this Period 1615.58
	City Clifton State VA Zip Code 20124-2364	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) John Granger	Transaction ID: D364079 Date of Disbursement 09 / 30 / 2010
	Mailing Address 1331 Alana Dr Apt 107	Amount of Each Disbursement this Period 295.52
	City Orlando State FL Zip Code 32828-7033	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3526.68</b>
<b>TOTAL</b> 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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Michael Gray	Transaction ID: D326514 Date of Disbursement 09 / 30 / 2010
	Mailing Address 920 E 3rd Ave	
	City New Smyrna Beach State FL Zip Code 32169-3147	Amount of Each Disbursement this Period 1060.73
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Michael Gray	Transaction ID: D324399 Date of Disbursement 09 / 15 / 2010
	Mailing Address 920 E 3rd Ave	
	City New Smyrna Beach State FL Zip Code 32169-3147	Amount of Each Disbursement this Period 1060.72
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Jonterrius Green	Transaction ID: D326568 Date of Disbursement 09 / 30 / 2010
	Mailing Address 902 Apache St	
	City Tallahassee State FL Zip Code 32301-7006	Amount of Each Disbursement this Period 106.20
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2227.65
<b>TOTAL</b> 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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Jennifer Greenfield	Transaction ID: D326804 Date of Disbursement 09 / 30 / 2010
	Mailing Address 5047 17th St	Amount of Each Disbursement this Period 821.02
	City Zephyrhills State FL Zip Code 33542-2147	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Michelle Guerin	Transaction ID: D326769 Date of Disbursement 09 / 30 / 2010
	Mailing Address 8670 Wesleyan Dr Apt 307	Amount of Each Disbursement this Period 1060.72
	City Fort Myers State FL Zip Code 33919-5242	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Michelle Guerin	Transaction ID: D323451 Date of Disbursement 09 / 15 / 2010
	Mailing Address 8670 Wesleyan Dr Apt 307	Amount of Each Disbursement this Period 1447.46
	City Fort Myers State FL Zip Code 33919-5242	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3329.20</b>
<b>TOTAL</b> 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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b> Full Name (Last, First, Middle Initial) Leonardo Guevara <hr/> Mailing Address 1001 Ocala Rd Apt 340 <hr/> City Tallahassee State FL Zip Code 32304-1609 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D326563 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 36.94
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Ryan Hearn <hr/> Mailing Address 10937 NW 14th St <hr/> City Coral Springs State FL Zip Code 33071-8214 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D326602 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 69.26
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Ryan Hearn <hr/> Mailing Address 10937 NW 14th St <hr/> City Coral Springs State FL Zip Code 33071-8214 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D324654 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010
	Amount of Each Disbursement this Period 132.75
	Category/ Type
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	238.95
<b>TOTAL</b> 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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Derek Helmick	Transaction ID: D324388 Date of Disbursement 09 / 15 / 2010
	Mailing Address 3712 NW 49th Ln	Amount of Each Disbursement this Period 1154.38
	City Gainesville State FL Zip Code 32605-1081	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Derek Helmick	Transaction ID: D326499 Date of Disbursement 09 / 30 / 2010
	Mailing Address 3712 NW 49th Ln	Amount of Each Disbursement this Period 1154.37
	City Gainesville State FL Zip Code 32605-1081	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Mario Henderson	Transaction ID: D326771 Date of Disbursement 09 / 30 / 2010
	Mailing Address 1348 Imperial Dr	Amount of Each Disbursement this Period 1037.55
	City Daytona Beach State FL Zip Code 32117-3810	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**3346.30**

**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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b> Full Name (Last, First, Middle Initial) Mario Henderson <hr/> Mailing Address 1348 Imperial Dr <hr/> City Daytona Beach State FL Zip Code 32117-3810 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D323452 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010
	Amount of Each Disbursement this Period 1037.55
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Samantha Herman <hr/> Mailing Address 6064 Vista Linda Ln <hr/> City Boca Raton State FL Zip Code 33433-8223 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D322543 Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2010
	Amount of Each Disbursement this Period 85.63
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Evan Honor <hr/> Mailing Address 160 NW 70th St Apt 104 <hr/> City Boca Raton State FL Zip Code 33487-2379 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D322528 Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2010
	Amount of Each Disbursement this Period 28.75
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1151.93

**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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Andrea D Huerfano	Transaction ID: D324562 Date of Disbursement 09 / 15 / 2010
	Mailing Address 2949 Riverside Dr Apt 227	Amount of Each Disbursement this Period 666.32
	City Coral Springs State FL Zip Code 33065-1017	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Andrea D Huerfano	Transaction ID: D326536 Date of Disbursement 09 / 30 / 2010
	Mailing Address 2949 Riverside Dr Apt 227	Amount of Each Disbursement this Period 807.87
	City Coral Springs State FL Zip Code 33065-1017	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Sidney Issac	Transaction ID: D326603 Date of Disbursement 09 / 30 / 2010
	Mailing Address 6876 Sugarloaf Key St	Amount of Each Disbursement this Period 138.52
	City Lake Worth State FL Zip Code 33467-7652	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1612.71

**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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Sidney Issac</p> <p>Mailing Address 6876 Sugarloaf Key St</p> <p>City Lake Worth State FL Zip Code 33467-7652</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D324655 <b>Date of Disbursement</b> 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 242.42</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Sidney Issac</p> <p>Mailing Address 6876 Sugarloaf Key St</p> <p>City Lake Worth State FL Zip Code 33467-7652</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D322542 <b>Date of Disbursement</b> 09 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 58.13</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Calvin J Ivey, Sr.</p> <p>Mailing Address P.O. 6900</p> <p>City Tallahassee State FL Zip Code 32314</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D326186 <b>Date of Disbursement</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 73.88</p>

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

**374.43**

**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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Cindy Jeanbaptiste</p> <p>Mailing Address 2421 Jackson Bluff Rd Apt 611D</p> <p>City Tallahassee State FL Zip Code 32304-4537</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D326569 <b>Date of Disbursement:</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 73.88</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Erin Jensen</p> <p>Mailing Address 517 Belle Isle Ave</p> <p>City Belleair Beach State FL Zip Code 33786-3611</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D326745 <b>Date of Disbursement:</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1037.56</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Erin Jensen</p> <p>Mailing Address 517 Belle Isle Ave</p> <p>City Belleair Beach State FL Zip Code 33786-3611</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D323436 <b>Date of Disbursement:</b> 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1037.55</p>

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

2148.99

**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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Zachary Jones</p> <p>Mailing Address 1555 Delaney Dr Apt 312</p> <p>City Tallahassee State FL Zip Code 32309-3441</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D326574 <b>Date of Disbursement</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 138.52</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ricardo Junquera</p> <p>Mailing Address 10041 SW 48th St</p> <p>City Miami State FL Zip Code 33165-6379</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D326537 <b>Date of Disbursement</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 807.87</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ricardo Junquera</p> <p>Mailing Address 10041 SW 48th St</p> <p>City Miami State FL Zip Code 33165-6379</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D324563 <b>Date of Disbursement</b> 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 666.32</p>

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

1612.71

**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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Ben King</p> <p>Mailing Address 3425 Mission Bay Blvd</p> <p>City Orlando State FL Zip Code 32817-1993</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D324401 <b>Date of Disbursement</b> 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 821.02</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ben King</p> <p>Mailing Address 3425 Mission Bay Blvd</p> <p>City Orlando State FL Zip Code 32817-1993</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D326518 <b>Date of Disbursement</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 821.03</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Daniel Krassner</p> <p>Mailing Address 715 N Calhoun St Apt 4</p> <p>City Tallahassee State FL Zip Code 32303-8706</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D326774 <b>Date of Disbursement</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1479.63</p>

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

3121.68

**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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Daniel Krassner  Mailing Address 715 N Calhoun St Apt 4  City Tallahassee State FL Zip Code 32303-8706  Purpose of Disbursement Salary Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D323454 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010	Amount of Each Disbursement this Period  831.36
B.	Full Name (Last, First, Middle Initial) David Lam  Mailing Address 136 Upper Ferry Rd  City Ewing State NJ Zip Code 08628-1529  Purpose of Disbursement Salary Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D324637 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010	Amount of Each Disbursement this Period  2627.90
C.	Full Name (Last, First, Middle Initial) David Lam  Mailing Address 136 Upper Ferry Rd  City Ewing State NJ Zip Code 08628-1529  Purpose of Disbursement Salary Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D326500 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010	Amount of Each Disbursement this Period  1624.19

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5083.45
<b>TOTAL</b> 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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mauricio Lamas</p> <p>Mailing Address 23141 SW 124th Ave</p> <p>City Miami State FL Zip Code 33170-6309</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D326618 <b>Date of Disbursement:</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 923.50</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mauricio Lamas</p> <p>Mailing Address 23141 SW 124th Ave</p> <p>City Miami State FL Zip Code 33170-6309</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D324660 <b>Date of Disbursement:</b> 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 923.50</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Varjone Leone</p> <p>Mailing Address 1424 Fisher Ln Apt B</p> <p>City Tallahassee State FL Zip Code 32301-4948</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D326560 <b>Date of Disbursement:</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 41.56</p>

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

1888.56

**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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b> Full Name (Last, First, Middle Initial) Joshua H Loewenstein <hr/> Mailing Address 1908 NW 4th Ave Apt 108 <hr/> City Boca Raton State FL Zip Code 33432-1501 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D326187 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 1060.73
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Joshua H Loewenstein <hr/> Mailing Address 1908 NW 4th Ave Apt 108 <hr/> City Boca Raton State FL Zip Code 33432-1501 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D324384 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1060.72
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Jason Lutin <hr/> Mailing Address 2540 NW 24th St <hr/> City Boca Raton State FL Zip Code 33434-4359 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D323431 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1967.92
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

4089.37

**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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Hector Martinez</p> <p>Mailing Address 11100 SW 46th St</p> <p>City Miami State FL Zip Code 33165-4735</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D324565 <b>Date of Disbursement</b> 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 666.32</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ilene McCarter</p> <p>Mailing Address 1361 NW 20th Ave Apt 104</p> <p>City Delray Beach State FL Zip Code 33445-1471</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D324646 <b>Date of Disbursement</b> 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 204.91</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ilene McCarter</p> <p>Mailing Address 1361 NW 20th Ave Apt 104</p> <p>City Delray Beach State FL Zip Code 33445-1471</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D326506 <b>Date of Disbursement</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 25.98</p>

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

897.21

**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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Melanie McCarter</p> <p>Mailing Address 1361 NW 20th Ave Apt 104</p> <p>City Delray Beach State FL Zip Code 33445-1471</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D326505 <b>Date of Disbursement</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 14.43</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Melanie McCarter</p> <p>Mailing Address 1361 NW 20th Ave Apt 104</p> <p>City Delray Beach State FL Zip Code 33445-1471</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D324645 <b>Date of Disbursement</b> 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 158.73</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Richard McGriff</p> <p>Mailing Address 2912 Woodrich Dr</p> <p>City Tallahassee State FL Zip Code 32301-3632</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D326555 <b>Date of Disbursement</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 36.94</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>210.10</b>
<b>TOTAL</b> 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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b> Full Name (Last, First, Middle Initial) Emily Mcilveene <hr/> Mailing Address 148 Meadow Brook Dr <hr/> City Rock Spring State GA Zip Code 30739-2341 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D326540 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 831.03
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Emily Mcilveene <hr/> Mailing Address 148 Meadow Brook Dr <hr/> City Rock Spring State GA Zip Code 30739-2341 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D324564 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010
	Amount of Each Disbursement this Period 689.48
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Michael Mckinnies <hr/> Mailing Address 3045 W Orange Ave <hr/> City Tallahassee State FL Zip Code 32310-5915 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D326592 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 106.20
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1626.71

**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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Edgar Mendez	Transaction ID: D326553 Date of Disbursement 09 / 30 / 2010
	Mailing Address 14936 SW 15th Ln	Amount of Each Disbursement this Period 708.86
	City Miami State FL Zip Code 33194-2534	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Nicholas Michalik	Transaction ID: D326796 Date of Disbursement 09 / 30 / 2010
	Mailing Address 9452 Laura Anne Dr	Amount of Each Disbursement this Period 1417.21
	City Seminole State FL Zip Code 33776-1600	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Nicholas Michalik	Transaction ID: D323464 Date of Disbursement 09 / 15 / 2010
	Mailing Address 9452 Laura Anne Dr	Amount of Each Disbursement this Period 384.08
	City Seminole State FL Zip Code 33776-1600	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2510.15
<b>TOTAL</b> 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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Alyssa Miller	Transaction ID: D323427 Date of Disbursement 09 / 15 / 2010
	Mailing Address 900 Riggins Rd Apt 723	Amount of Each Disbursement this Period 1295.38
	City Tallahassee State FL Zip Code 32308-2220	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Alyssa Miller	Transaction ID: D326728 Date of Disbursement 09 / 30 / 2010
	Mailing Address 900 Riggins Rd Apt 723	Amount of Each Disbursement this Period 1295.39
	City Tallahassee State FL Zip Code 32308-2220	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ms. Anne O Morgan	Transaction ID: D326702 Date of Disbursement 09 / 30 / 2010
	Mailing Address 741 W Keller St	Amount of Each Disbursement this Period 2907.77
	City Hernando State FL Zip Code 34442-8810	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5498.54
<b>TOTAL</b> 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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Ms. Anne O Morgan	Transaction ID: D323419 Date of Disbursement 09 / 15 / 2010
	Mailing Address 741 W Keller St	
	City Hernando State FL Zip Code 34442-8810	Amount of Each Disbursement this Period 2907.77
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) George Morse	Transaction ID: D324387 Date of Disbursement 09 / 15 / 2010
	Mailing Address 1908 NW 41st Ave Apt 108	
	City Boca Raton State FL Zip Code 33432	Amount of Each Disbursement this Period 1014.39
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) George Morse	Transaction ID: D326498 Date of Disbursement 09 / 30 / 2010
	Mailing Address 1908 NW 41st Ave Apt 108	
	City Boca Raton State FL Zip Code 33432	Amount of Each Disbursement this Period 1014.41
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4936.57
<b>TOTAL</b> 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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Cary Nation	Transaction ID: D326604 Date of Disbursement 09 / 30 / 2010
	Mailing Address 1400 NW 9th Ave Apt 16	Amount of Each Disbursement this Period 167.38
	City Boca Raton State FL Zip Code 33486-1326	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Cary Nation	Transaction ID: D324656 Date of Disbursement 09 / 15 / 2010
	Mailing Address 1400 NW 9th Ave Apt 16	Amount of Each Disbursement this Period 230.87
	City Boca Raton State FL Zip Code 33486-1326	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Cary Nation	Transaction ID: D322533 Date of Disbursement 09 / 02 / 2010
	Mailing Address 1400 NW 9th Ave Apt 16	Amount of Each Disbursement this Period 96.25
	City Boca Raton State FL Zip Code 33486-1326	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>494.50</b>
<b>TOTAL</b> 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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Reuben Neff	Transaction ID: D326801 Date of Disbursement 09 / 30 / 2010
	Mailing Address 2010 E Palm Ave Apt 14322	Amount of Each Disbursement this Period 2162.99
	City Tampa State FL Zip Code 33605-3934	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Sophia Nelson	Transaction ID: D324661 Date of Disbursement 09 / 15 / 2010
	Mailing Address 5883 Caribbean Blvd Apt 33407	Amount of Each Disbursement this Period 1192.26
	City West Palm Beach State FL Zip Code 33407-1801	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kerry Nicholson	Transaction ID: D326802 Date of Disbursement 09 / 30 / 2010
	Mailing Address 3252 Sawgrass Creek Cir	Amount of Each Disbursement this Period 1691.54
	City Saint Cloud State FL Zip Code 34772-7941	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5046.79
<b>TOTAL</b> 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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Tarin Nix	Transaction ID: D326524 Date of Disbursement 09 / 30 / 2010
	Mailing Address 2704 French Pl Apt G	Amount of Each Disbursement this Period 2129.32
	City Austin State TX Zip Code 78722-2330	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Tarin Nix	Transaction ID: D324402 Date of Disbursement 09 / 15 / 2010
	Mailing Address 2704 French Pl Apt G	Amount of Each Disbursement this Period 2129.31
	City Austin State TX Zip Code 78722-2330	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Bernadette Ohran	Transaction ID: D323437 Date of Disbursement 09 / 15 / 2010
	Mailing Address 155 55th Ave NE	Amount of Each Disbursement this Period 1076.76
	City Saint Petersburg State FL Zip Code 33703-3011	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5335.39</b>
<b>TOTAL</b> 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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Bernadette Ohran</p> <p>Mailing Address 155 55th Ave NE</p> <p>City Saint Petersburg State FL Zip Code 33703-3011</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D326747 <b>Date of Disbursement</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1076.77</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Anthony Parets</p> <p>Mailing Address 3607 Eagle Nest Ct</p> <p>City Melbourne State FL Zip Code 32904-9515</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D326775 <b>Date of Disbursement</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1083.88</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Anthony Parets</p> <p>Mailing Address 3607 Eagle Nest Ct</p> <p>City Melbourne State FL Zip Code 32904-9515</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D323455 <b>Date of Disbursement</b> 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1083.88</p>

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

3244.53

**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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mikeal Parlow</p> <p>Mailing Address 615 Mount Olympus Blvd</p> <p>City New Smyrna Beach State FL Zip Code 32168-2421</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D326522</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="650.80"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Payroll Matters</p> <p>Mailing Address 2069 N Monroe St</p> <p>City Tallahassee State FL Zip Code 32303-4727</p> <p>Purpose of Disbursement Payroll Tax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D384234</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="802.79"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Payroll Matters</p> <p>Mailing Address 2069 N Monroe St</p> <p>City Tallahassee State FL Zip Code 32303-4727</p> <p>Purpose of Disbursement Payroll Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D384235</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="8.75"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1462.34"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Kristen Pesicek	Transaction ID: D326777 Date of Disbursement
	Mailing Address 200 S Birch Rd Apt 611	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Fort Lauderdale State FL Zip Code 33316-1535	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Candidate Name	<input type="text" value="1479.63"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Kristen Pesicek	Transaction ID: D323457 Date of Disbursement
	Mailing Address 200 S Birch Rd Apt 611	<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City Fort Lauderdale State FL Zip Code 33316-1535	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Candidate Name	<input type="text" value="1479.63"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Elena Petrescu	Transaction ID: D323456 Date of Disbursement
	Mailing Address 13196 Brechner St	<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City Spring Hill State FL Zip Code 34609-1216	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Candidate Name	<input type="text" value="844.15"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3803.41"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b>	Full Name (Last, First, Middle Initial) Elena Petrescu Mailing Address 13196 Brechner St City Spring Hill State FL Zip Code 34609-1216 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D326776 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0	Amount of Each Disbursement this Period 1037.55
<b>B.</b>	Full Name (Last, First, Middle Initial) Steven Phillips-Horst Mailing Address 289 Harman St Apt 2L City Brooklyn State NY Zip Code 11237-4946 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D326807 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0	Amount of Each Disbursement this Period 885.99
<b>C.</b>	Full Name (Last, First, Middle Initial) Joseph J Pierce Mailing Address 2656 S Scenic Hwy City Lake Wales State FL Zip Code 33898-7409 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D326748 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0	Amount of Each Disbursement this Period 1014.40

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		<b>2937.94</b>	
<b>TOTAL</b> 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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Joseph J Pierce	Transaction ID: D323438 Date of Disbursement 09 / 15 / 2010
	Mailing Address 2656 S Scenic Hwy	Amount of Each Disbursement this Period 1014.39
	City Lake Wales State FL Zip Code 33898-7409	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Douglas R. Pugh	Transaction ID: D322541 Date of Disbursement 09 / 02 / 2010
	Mailing Address PO Box 272813	Amount of Each Disbursement this Period 21.88
	City Boca Raton State FL Zip Code 33427-2813	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Douglas R. Pugh	Transaction ID: D324390 Date of Disbursement 09 / 15 / 2010
	Mailing Address PO Box 272813	Amount of Each Disbursement this Period 248.19
	City Boca Raton State FL Zip Code 33427-2813	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1284.46
<b>TOTAL</b> 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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Michael Pugh	Transaction ID: D324391 Date of Disbursement 09 / 15 / 2010
	Mailing Address 611 SE 10th St	Amount of Each Disbursement this Period 509.33
	City Pompano Beach State FL Zip Code 33060-9405	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Michael Pugh	Transaction ID: D322536 Date of Disbursement 09 / 02 / 2010
	Mailing Address 611 SE 10th St	Amount of Each Disbursement this Period 115.00
	City Pompano Beach State FL Zip Code 33060-9405	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Michael Pugh	Transaction ID: D326507 Date of Disbursement 09 / 30 / 2010
	Mailing Address 611 SE 10th St	Amount of Each Disbursement this Period 210.69
	City Pompano Beach State FL Zip Code 33060-9405	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>835.02</b>
<b>TOTAL</b> 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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Maria Quezada	Transaction ID: D326549 Date of Disbursement 09 / 30 / 2010
	Mailing Address 322 E Mayfield Blvd	Amount of Each Disbursement this Period 807.88
	City San Antonio State TX Zip Code 78214-2448	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Maria Quezada	Transaction ID: D324566 Date of Disbursement 09 / 15 / 2010
	Mailing Address 322 E Mayfield Blvd	Amount of Each Disbursement this Period 666.32
	City San Antonio State TX Zip Code 78214-2448	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Margaret Ramirez	Transaction ID: D323439 Date of Disbursement 09 / 15 / 2010
	Mailing Address 13671 SW 38th Avenue Rd	Amount of Each Disbursement this Period 566.09
	City Ocala State FL Zip Code 34473-2105	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2040.29
<b>TOTAL</b> 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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Margaret Ramirez	Transaction ID: D326750 Date of Disbursement 09 / 30 / 2010
	Mailing Address 13671 SW 38th Avenue Rd	Amount of Each Disbursement this Period 1055.71
	City Ocala State FL Zip Code 34473-2105	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Edgar Rincon	Transaction ID: D326798 Date of Disbursement 09 / 30 / 2010
	Mailing Address 225 SW 159th Way	Amount of Each Disbursement this Period 1037.55
	City Sunrise State FL Zip Code 33326-2274	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Edgar Rincon	Transaction ID: D323465 Date of Disbursement 09 / 15 / 2010
	Mailing Address 225 SW 159th Way	Amount of Each Disbursement this Period 1585.56
	City Sunrise State FL Zip Code 33326-2274	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3678.82</b>
<b>TOTAL</b> 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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Pamela Rivera	Transaction ID: D324400 Date of Disbursement 09 / 15 / 2010
	Mailing Address 232 Afton Sq Unit 212	Amount of Each Disbursement this Period 1037.55
	City Altamonte Springs State FL Zip Code 32714-3848	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Pamela Rivera	Transaction ID: D326516 Date of Disbursement 09 / 30 / 2010
	Mailing Address 232 Afton Sq Unit 212	Amount of Each Disbursement this Period 1037.56
	City Altamonte Springs State FL Zip Code 32714-3848	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ms. Terrie L. Rizzo	Transaction ID: D326597 Date of Disbursement 09 / 30 / 2010
	Mailing Address 737 NE Boca Bay Colony Dr	Amount of Each Disbursement this Period 923.50
	City Boca Raton State FL Zip Code 33487-1755	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2998.61
<b>TOTAL</b> 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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Terrie L. Rizzo <hr/> Mailing Address 737 NE Boca Bay Colony Dr <hr/> City Boca Raton State FL Zip Code 33487-1755 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D324648 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010
	Amount of Each Disbursement this Period 923.50
	Category/Type
	Category/Type
<b>B.</b> Full Name (Last, First, Middle Initial) Edith Robles <hr/> Mailing Address 305 Bullard St <hr/> City Fairfield State CT Zip Code 06825-3719 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D323458 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010
	Amount of Each Disbursement this Period 2076.75
	Category/Type
	Category/Type
<b>C.</b> Full Name (Last, First, Middle Initial) Edith Robles <hr/> Mailing Address 305 Bullard St <hr/> City Fairfield State CT Zip Code 06825-3719 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D326778 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 2076.75
	Category/Type
	Category/Type

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

5077.00

**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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Denise Rodriguez	Transaction ID: D326550 Date of Disbursement 09 / 30 / 2010
	Mailing Address 12514 Wandering Brook Dr	Amount of Each Disbursement this Period 807.87
	City Charlotte State NC Zip Code 28273-6974	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Denise Rodriguez	Transaction ID: D324567 Date of Disbursement 09 / 15 / 2010
	Mailing Address 12514 Wandering Brook Dr	Amount of Each Disbursement this Period 666.32
	City Charlotte State NC Zip Code 28273-6974	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Joshua Romero	Transaction ID: D323459 Date of Disbursement 09 / 15 / 2010
	Mailing Address 2302 Simpson Ridge Cir Apt C	Amount of Each Disbursement this Period 1383.00
	City Kissimmee State FL Zip Code 34744-4487	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2857.19
<b>TOTAL</b> 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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Joshua Romero</p> <p>Mailing Address 2302 Simpson Ridge Cir Apt C</p> <p>City Kissimmee State FL Zip Code 34744-4487</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D326779 <b>Date of Disbursement</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1060.72</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jean Roseme</p> <p>Mailing Address 101 NE 31st St</p> <p>City Pompano Beach State FL Zip Code 33064-3645</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D326781 <b>Date of Disbursement</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1462.79</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jean Roseme</p> <p>Mailing Address 101 NE 31st St</p> <p>City Pompano Beach State FL Zip Code 33064-3645</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D323466 <b>Date of Disbursement</b> 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1462.79</p>

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

3986.30

**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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Alexander Ross</p> <p>Mailing Address 17789 Fieldbrook Cir W</p> <p>City Boca Raton State FL Zip Code 33496-1567</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D324657 <b>Date of Disbursement</b> 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 380.65</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Alexander Ross</p> <p>Mailing Address 17789 Fieldbrook Cir W</p> <p>City Boca Raton State FL Zip Code 33496-1567</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D326605 <b>Date of Disbursement</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 46.17</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Maia Ryan</p> <p>Mailing Address 726 Maryland Ave</p> <p>City Winter Park State FL Zip Code 32789-5042</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D364076 <b>Date of Disbursement</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 110.82</p>

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

537.64

**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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Gabriel Sebag	Transaction ID: D326782 Date of Disbursement 09 / 30 / 2010
	Mailing Address 635 Stillview Cir	Amount of Each Disbursement this Period 1060.72
	City Brandon State FL Zip Code 33510-2124	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Gabriel Sebag	Transaction ID: D323460 Date of Disbursement 09 / 15 / 2010
	Mailing Address 635 Stillview Cir	Amount of Each Disbursement this Period 802.86
	City Brandon State FL Zip Code 33510-2124	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Philip Shaw	Transaction ID: D326803 Date of Disbursement 09 / 30 / 2010
	Mailing Address 24 Coventry Ct	Amount of Each Disbursement this Period 1378.60
	City Kissimmee State FL Zip Code 34758-2940	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3242.18
<b>TOTAL</b> 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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Phillip Shaw	Transaction ID: D436437 Date of Disbursement 09 / 30 / 2010
	Mailing Address 214 S Bronough St	Amount of Each Disbursement this Period 1378.60
	City Tallahassee State FL Zip Code 32301-1705	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Vito D Sheeley	Transaction ID: D326800 Date of Disbursement 09 / 30 / 2010
	Mailing Address 2111 Almeria Way S	Amount of Each Disbursement this Period 1014.39
	City Saint Petersburg State FL Zip Code 33712-4418	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Vito D Sheeley	Transaction ID: D323467 Date of Disbursement 09 / 15 / 2010
	Mailing Address 2111 Almeria Way S	Amount of Each Disbursement this Period 1014.39
	City Saint Petersburg State FL Zip Code 33712-4418	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

3407.38

**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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b> Full Name (Last, First, Middle Initial) Justin Shoham <hr/> Mailing Address 28 Lark Pl <hr/> City Old Bridge State NJ Zip Code 08857-3062 Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D324568 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010
	Amount of Each Disbursement this Period 666.32
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Justin Shoham <hr/> Mailing Address 28 Lark Pl <hr/> City Old Bridge State NJ Zip Code 08857-3062 Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D326551 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 807.88
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Dana Singer <hr/> Mailing Address 622 8th St <hr/> City Marietta State OH Zip Code 45750-1937 Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D326795 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 906.02
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

2380.22

**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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jacob Smith</p> <p>Mailing Address 2121 Intracoastal Dr</p> <p>City Fort Lauderdale State FL Zip Code 33305-3637</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D326756 <b>Date of Disbursement</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1037.54</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jacob Smith</p> <p>Mailing Address 2121 Intracoastal Dr</p> <p>City Fort Lauderdale State FL Zip Code 33305-3637</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D323441 <b>Date of Disbursement</b> 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 554.12</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mildred O. Smith</p> <p>Mailing Address 3550 Esplanade Way Apt 8107</p> <p>City Tallahassee State FL Zip Code 32311-3755</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D323420 <b>Date of Disbursement</b> 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1512.05</p>

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

3103.71

**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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Mildred O. Smith	Transaction ID: D326705 Date of Disbursement 09 / 30 / 2010
	Mailing Address 3550 Esplanade Way Apt 8107	Amount of Each Disbursement this Period 1512.05
	City Tallahassee State FL Zip Code 32311-3755	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Joshua Solomon	Transaction ID: D326606 Date of Disbursement 09 / 30 / 2010
	Mailing Address 5575 NW 119th Drive	Amount of Each Disbursement this Period 150.07
	City Pompano Beach State FL Zip Code 33076	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Joshua Solomon	Transaction ID: D322564 Date of Disbursement 09 / 02 / 2010
	Mailing Address 5575 NW 119th Drive	Amount of Each Disbursement this Period 88.75
	City Pompano Beach State FL Zip Code 33076	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1750.87
<b>TOTAL</b> 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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b> Full Name (Last, First, Middle Initial) Joshua Solomon <hr/> Mailing Address 5575 NW 119th Drive <hr/> City Pompano Beach State FL Zip Code 33076 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D324658 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010
	Amount of Each Disbursement this Period 245.31
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Naomi Soto <hr/> Mailing Address 494 Green Spring Cir <hr/> City Winter Springs State FL Zip Code 32708-3026 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D364078 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 289.04
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Reamonn Soto <hr/> Mailing Address 2110 Hagan Dr <hr/> City Tallahassee State FL Zip Code 32303-4720 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D326558 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 110.82
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

645.17

**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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Clint Starling	Transaction ID: D364077 Date of Disbursement 09 / 30 / 2010
	Mailing Address 3801 Summer Wind Dr	
	City Winter Park State FL Zip Code 32792-5210	Amount of Each Disbursement this Period 443.28
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Conrad Stroman	Transaction ID: D436580 Date of Disbursement 09 / 15 / 2010
	Mailing Address 2625 SW 75th St Apt 1331	
	City Gainesville State FL Zip Code 32608-8351	Amount of Each Disbursement this Period 1625.86
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Conrad Stroman	Transaction ID: D326791 Date of Disbursement 09 / 30 / 2010
	Mailing Address 2625 SW 75th St Apt 1331	
	City Gainesville State FL Zip Code 32608-8351	Amount of Each Disbursement this Period 1625.86
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3695.00</b>
<b>TOTAL</b> 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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Rafael Suarez	Transaction ID: D326508 Date of Disbursement 09 / 30 / 2010
	Mailing Address 100 Golden Isles Dr Apt 1003	Amount of Each Disbursement this Period 316.33
	City Hallandale Beach State FL Zip Code 33009-8811	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Rafael Suarez	Transaction ID: D365738 Date of Disbursement 09 / 15 / 2010
	Mailing Address 100 Golden Isles Dr Apt 1003	Amount of Each Disbursement this Period 446.35
	City Hallandale Beach State FL Zip Code 33009-8811	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Rafael Suarez	Transaction ID: D322529 Date of Disbursement 09 / 02 / 2010
	Mailing Address 100 Golden Isles Dr Apt 1003	Amount of Each Disbursement this Period 45.63
	City Hallandale Beach State FL Zip Code 33009-8811	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>808.31</b>
<b>TOTAL</b> 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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Omar Syed	Transaction ID: D326752 Date of Disbursement 09 / 30 / 2010
	Mailing Address 13538 Lake Magdalene Dr	Amount of Each Disbursement this Period 1037.56
	City Tampa State FL Zip Code 33613-4130	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Omar Syed	Transaction ID: D326754 Date of Disbursement 09 / 15 / 2010
	Mailing Address 13538 Lake Magdalene Dr	Amount of Each Disbursement this Period 1037.55
	City Tampa State FL Zip Code 33613-4130	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Joseph Szerejko	Transaction ID: D326792 Date of Disbursement 09 / 30 / 2010
	Mailing Address 15 Thicket Ln	Amount of Each Disbursement this Period 1501.40
	City West Hartford State CT Zip Code 06107-1320	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**3576.51**

**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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Joseph Szerejko</p> <p>Mailing Address 15 Thicket Ln</p> <p>City West Hartford State CT Zip Code 06107-1320</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D323462 <b>Date of Disbursement</b> 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1753.95</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Kyree Thomas</p> <p>Mailing Address 1809 Gina Ln</p> <p>City Tallahassee State FL Zip Code 32303-3354</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D326567 <b>Date of Disbursement</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 150.07</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ms. Karen L. Thurman</p> <p>Mailing Address 9067 SW 190th Avenue Rd</p> <p>City Dunnellon State FL Zip Code 34432-2827</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D326721 <b>Date of Disbursement</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 3232.95</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5136.97
<b>TOTAL</b> 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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Ms. Karen L. Thurman</p> <p>Mailing Address 9067 SW 190th Avenue Rd</p> <p>City Dunnellon State FL Zip Code 34432-2827</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D323423 <b>Date of Disbursement</b> 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 3232.95</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Christopher Turner</p> <p>Mailing Address 2626 E Park Ave Apt 6104</p> <p>City Tallahassee State FL Zip Code 32301-0816</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D324383 <b>Date of Disbursement</b> 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1293.30</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Christopher Turner</p> <p>Mailing Address 2626 E Park Ave Apt 6104</p> <p>City Tallahassee State FL Zip Code 32301-0816</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D326184 <b>Date of Disbursement</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1370.65</p>

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

5896.90

**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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Hafsah Ullah	Transaction ID: D326523 Date of Disbursement 09 / 30 / 2010
	Mailing Address 11336 Bridge House Rd	Amount of Each Disbursement this Period 740.53
	City Windermere State FL Zip Code 34786-5405	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Adam Unger	Transaction ID: D326760 Date of Disbursement 09 / 30 / 2010
	Mailing Address 2309 Old Bainbridge Rd # 101 C	Amount of Each Disbursement this Period 1154.37
	City Tallahassee State FL Zip Code 32303-3805	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Adam Unger	Transaction ID: D323444 Date of Disbursement 09 / 15 / 2010
	Mailing Address 2309 Old Bainbridge Rd # 101 C	Amount of Each Disbursement this Period 1154.37
	City Tallahassee State FL Zip Code 32303-3805	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3049.27</b>
<b>TOTAL</b> 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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b> Full Name (Last, First, Middle Initial) Adam Unger <hr/> Mailing Address 2309 Old Bainbridge Rd # 101 C <hr/> City Tallahassee State FL Zip Code 32303-3805 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D322811 Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2010
	Amount of Each Disbursement this Period 923.50
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) James Wheeler <hr/> Mailing Address 2418 Teresa Cir Apt D <hr/> City Tampa State FL Zip Code 33629-6148 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D322812 Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2010
	Amount of Each Disbursement this Period 1279.28
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) James Wheeler <hr/> Mailing Address 2418 Teresa Cir Apt D <hr/> City Tampa State FL Zip Code 33629-6148 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D323445 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010
	Amount of Each Disbursement this Period 1037.55
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

3240.33

**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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) James Wheeler	Transaction ID: D326761 Date of Disbursement 09 / 30 / 2010
	Mailing Address 2418 Teresa Cir Apt D	Amount of Each Disbursement this Period 1037.55
	City Tampa State FL Zip Code 33629-6148	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Jennifer Whitcomb	Transaction ID: D326758 Date of Disbursement 09 / 30 / 2010
	Mailing Address 710 13th Ave S	Amount of Each Disbursement this Period 1501.40
	City Jacksonville Beach State FL Zip Code 32250-5032	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Jennifer Whitcomb	Transaction ID: D323442 Date of Disbursement 09 / 15 / 2010
	Mailing Address 710 13th Ave S	Amount of Each Disbursement this Period 1230.93
	City Jacksonville Beach State FL Zip Code 32250-5032	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3769.88
<b>TOTAL</b> 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)

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<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b> Full Name (Last, First, Middle Initial) Jennifer Whitcomb <hr/> Mailing Address 710 13th Ave S <hr/> City Jacksonville Beach State FL Zip Code 32250-5032 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D323339 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 375.00
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Delbert Williams <hr/> Mailing Address 1581 Payne St <hr/> City Tallahassee State FL Zip Code 32303-5729 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D326588 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 184.70
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Robert Williams <hr/> Mailing Address 3612 S Lakewood Dr <hr/> City Tallahassee State FL Zip Code 32305-5206 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D326594 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 184.70
	Category/ Type
	Category/ Type

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

744.40

**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 237 / 289

<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Gordon Wilson	Transaction ID: D326521 Date of Disbursement 09 / 30 / 2010
	Mailing Address 802 Wildwood Cir	Amount of Each Disbursement this Period 821.02
	City Port Orange State FL Zip Code 32127-4870	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Gordon Wilson	Transaction ID: D324662 Date of Disbursement 09 / 15 / 2010
	Mailing Address 802 Wildwood Cir	Amount of Each Disbursement this Period 821.02
	City Port Orange State FL Zip Code 32127-4870	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Matthew Wilson	Transaction ID: D324382 Date of Disbursement 09 / 15 / 2010
	Mailing Address 5760 Braveheart Way	Amount of Each Disbursement this Period 821.02
	City Tallahassee State FL Zip Code 32317-9409	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

2463.06

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 238 / 289

<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 type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.	Full Name (Last, First, Middle Initial) Matthew Wilson	Transaction ID: D326183 Date of Disbursement 09 / 30 / 2010
	Mailing Address 5760 Braveheart Way	Amount of Each Disbursement this Period 821.02
	City Tallahassee State FL Zip Code 32317-9409	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Kiara Wright	Transaction ID: D326593 Date of Disbursement 09 / 30 / 2010
	Mailing Address 410 Victory Garden Dr Apt 75	Amount of Each Disbursement this Period 355.55
	City Tallahassee State FL Zip Code 32301-3239	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1176.57

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

223056.97

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Production Resource Group			Nature of Debt (Purpose): Audio Visual/Conference
Mailing Address 1902 Cypress Lake Dr			
City Orlando	State FL	ZIP Code 32837-8458	

Outstanding Balance Beginning This Period		<b>Transaction ID: D119404</b>	
18541.50			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	18541.50	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	18541.50
2) <b>TOTALS</b> This Period (last page this line number only).....	18541.50
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	18541.50

**SCHEDULE F (FEC Form 3X)**  
**ITEMIZED COORDINATED EXPENDITURES MADE BY**  
**POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)**  
**ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**  
**(2 U.S.C. §441a(d))** (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA	
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Full Name of Subordinate Committee DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA
If YES, name the designating committee:	
Mailing Address 214 South Bronough Street	
City Tallahassee	State FL      ZIP Code 32302

Full Name (Last, First, Middle Initial) of Each Payee LSG Strategies		Purpose of Expenditure Consulting/Communcations	<input type="text"/> Category/Type
Mailing Address 2120 L St NW      Ste 305		Date M M / D D / Y Y Y Y 09 / 02 / 2010	
City Washington	State DC	ZIP Code 20037-1563	Amount 13294.53
Name of Federal Candidate Supported KENRICK B MEEK	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: FL District: 17	Transaction ID: D322590
Aggregate General Election Expenditure for this Candidate ▶		33078.63	

Full Name (Last, First, Middle Initial) of Each Payee Murphy Putnam Media, Inc.		Purpose of Expenditure Media	<input type="text"/> Category/Type
Mailing Address 901 N Washington St      Ste 500		Date M M / D D / Y Y Y Y 09 / 13 / 2010	
City Alexandria	State VA	ZIP Code 22314-1535	Amount 19784.10
Name of Federal Candidate Supported KENRICK B MEEK	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: FL District: 17	Transaction ID: D323024
Aggregate General Election Expenditure for this Candidate ▶		33078.63	

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SUBTOTAL of Expenditures This Page (optional) .....	33078.63
TOTAL This Period (last page this line number only) .....	33078.63

**SCHEDULE F (FEC Form 3X)**  
**ITEMIZED COORDINATED EXPENDITURES MADE BY**  
**POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)**  
**ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**  
**(2 U.S.C. §441a(d))** (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA		
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  If YES, name the designating committee:  Democratic Congressional Campaign Committee	Full Name of Subordinate Committee DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA	
	Mailing Address 214 South Bronough Street	
	City Tallahassee	State ZIP Code FL 32302

Full Name (Last, First, Middle Initial) of Each Payee Main Street Communications		Purpose of Expenditure Media	<input type="text"/> Category/Type
Mailing Address 1300 NE 94th St		Date M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 1 0	
City	State	ZIP Code	
Miami Shores	FL	33138-2902	
Name of Federal Candidate Supported F. ALLEN JR. BOYD	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: <u>FL</u> District: <u>02</u>	Amount <input type="text" value="30570.00"/>
Aggregate General Election Expenditure for this Candidate ▶ <input type="text" value="60497.00"/>		Transaction ID: D323297	

Full Name (Last, First, Middle Initial) of Each Payee Main Street Communications		Purpose of Expenditure Media	<input type="text"/> Category/Type
Mailing Address 1300 NE 94th St		Date M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 1 0	
City	State	ZIP Code	
Miami Shores	FL	33138-2902	
Name of Federal Candidate Supported F. ALLEN JR. BOYD	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: <u>FL</u> District: <u>02</u>	Amount <input type="text" value="29927.00"/>
Aggregate General Election Expenditure for this Candidate ▶ <input type="text" value="60497.00"/>		Transaction ID: D325170	

<b>SUBTOTAL</b> of Expenditures This Page (optional) .....	<input type="text" value="60497.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="60497.00"/>

**SCHEDULE H2 (FEC Form 3X)  
ALLOCATION RATIOS**

NAME OF COMMITTEE (In Full)  
**DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA**

**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT  
ACTIVITIES APPEARING ON THIS REPORT.**

Methods of allocation :

- I. FUNDRAISING activities are allocated using the 'funds received method' where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.  
**For PACs Only** : Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

<p>ACTIVITY OR EVENT IDENTIFIER <b>Fundraising</b></p> <hr/> <p>ACTIVITY IS:  <input checked="" type="checkbox"/> Fundraising      <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input checked="" type="checkbox"/> New      <input type="checkbox"/> Revised      <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p style="text-align: center;"><b>19.00</b> %</p>	<p>NONFEDERAL %</p> <p style="text-align: center;"><b>81.00</b> %</p> <p><b>Transaction ID: R75</b></p>
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**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
 DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
Non Federal	M M / D D / Y Y Y Y 09 / 03 / 2010	163315.00

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	163315.00	Transaction ID: T479
<b>ii) Generic Voter Drive</b> .....		Transaction ID:
<b>iii) Exempt Activities</b> .....		Transaction ID:
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)		Transaction ID:

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	163315.00
<b>TOTAL</b> This Period (Generic Voter Drive) .....	0.00
<b>TOTAL</b> This Period (Exempt Activities) .....	0.00
<b>TOTAL</b> This Period (Direct Fundraising) .....	0.00
<b>TOTAL</b> This Period (Direct Candidate Support) .....	0.00
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	0.00
<b>TOTAL</b> This Period (Total Amount Transferred) .....	163315.00

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A. Full Name (Last, First, Middle Initial)</b> Anagram Corporation			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 310 W Jefferson St			Allocated Activity or Event Year-To-Date 948864.41	
City Tallahassee	State FL	Zip Code 32301-1419	Date <input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2010"/> <b>Transaction ID:</b> D322888	
Purpose of Disbursement: Admin Lease/Rent				
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
801.41		3014.84		3816.25

<b>B. Full Name (Last, First, Middle Initial)</b> Blue Cross and Blue Shield of Florida			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 2210			Allocated Activity or Event Year-To-Date 948864.41	
City Jacksonville	State FL	Zip Code 32203-2210	Date <input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2010"/> <b>Transaction ID:</b> D322575	
Purpose of Disbursement: Benefits				
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1285.46		4835.80		6121.26

<b>C. Full Name (Last, First, Middle Initial)</b> Blue State Digital, LLC			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 734 15th St NW   Ste 1200			Allocated Activity or Event Year-To-Date 948864.41	
City Washington	State DC	Zip Code 20005-1013	Date <input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2010"/> <b>Transaction ID:</b> D322885	
Purpose of Disbursement: Admin Website				
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
304.13		1144.12		1448.25

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2391.00		8994.76		11385.76

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A. Full Name (Last, First, Middle Initial)</b> Capital Business Center			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 1851 S Monroe St			Allocated Activity or Event Year-To-Date 948864.41																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> Transaction ID: D322886			M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	1	0	/	2	0	1	0
M	M	/				D	D	/	Y	Y	Y	Y													
0	9	/	1	0	/	2	0	1	0																
Tallahassee	FL	32301-5527																							
Purpose of Disbursement: Admin Lease/Rent			Category/ Type																						
Activity or Event Identifier: Administrative																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
22.11		83.19		105.30

<b>B. Full Name (Last, First, Middle Initial)</b> Capital Business Center			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 1851 S Monroe St			Allocated Activity or Event Year-To-Date 948864.41																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td>/</td><td>2</td><td>8</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> Transaction ID: D326004			M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	2	8	/	2	0	1	0
M	M	/				D	D	/	Y	Y	Y	Y													
0	9	/	2	8	/	2	0	1	0																
Tallahassee	FL	32301-5527																							
Purpose of Disbursement: Admin Lease/Rent			Category/ Type																						
Activity or Event Identifier: Administrative																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
56.26		211.64		267.90

<b>C. Full Name (Last, First, Middle Initial)</b> Carr, Riggs, & Ingram			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 1713 Mahan Dr			Allocated Activity or Event Year-To-Date 948864.41																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> Transaction ID: D322883			M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	1	0	/	2	0	1	0
M	M	/				D	D	/	Y	Y	Y	Y													
0	9	/	1	0	/	2	0	1	0																
Tallahassee	FL	32308-1218																							
Purpose of Disbursement: Consulting/ Accounting			Category/ Type																						
Activity or Event Identifier: Administrative																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
316.26		1189.74		1506.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
394.63		1484.57		1879.20

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A. Full Name (Last, First, Middle Initial)</b> Century Link			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 96064			Allocated Activity or Event Year-To-Date 948864.41		
City Charlotte	State NC	Zip Code 28296-0064	Date MM / DD / YYYY 09 / 02 / 2010		
Purpose of Disbursement: Admin Telephone			Transaction ID: D322580		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
131.79		495.77		627.56

<b>B. Full Name (Last, First, Middle Initial)</b> Ms. Christina Boltin			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2413 Bayshore Blvd			Allocated Activity or Event Year-To-Date 948864.41		
City Tampa	State FL	Zip Code 33629-7333	Date MM / DD / YYYY 09 / 15 / 2010		
Purpose of Disbursement: Salary			Transaction ID: D323417		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
370.68		1394.44		1765.12

<b>C. Full Name (Last, First, Middle Initial)</b> Ms. Christina Boltin			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2413 Bayshore Blvd			Allocated Activity or Event Year-To-Date 948864.41		
City Tampa	State FL	Zip Code 33629-7333	Date MM / DD / YYYY 09 / 30 / 2010		
Purpose of Disbursement: Salary			Transaction ID: D326695		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
335.37		1429.75		1765.12

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
837.84		3319.96		4157.80

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A. Full Name (Last, First, Middle Initial)</b> Christopher Lazo Mailing Address 1951 N Meridian Rd Apt 28 City State Zip Code Tallahassee FL 32303-5249 Purpose of Disbursement: Salary Activity or Event Identifier: Administrative	Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date 948864.41 Date MM / DD / YYYY 09 / 15 / 2010 <b>Transaction ID:</b> D323428
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FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
177.28		666.90		844.18

<b>B. Full Name (Last, First, Middle Initial)</b> Christopher Lazo Mailing Address 1951 N Meridian Rd Apt 28 City State Zip Code Tallahassee FL 32303-5249 Purpose of Disbursement: Salary Activity or Event Identifier: Administrative	Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date 948864.41 Date MM / DD / YYYY 09 / 30 / 2010 <b>Transaction ID:</b> D326731
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FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
177.28		666.90		844.18

<b>C. Full Name (Last, First, Middle Initial)</b> City of Tallahassee Mailing Address 600 N Monroe St City State Zip Code Tallahassee FL 32301-1262 Purpose of Disbursement: Admin Utilities Activity or Event Identifier: Administrative	Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date 948864.41 Date MM / DD / YYYY 09 / 27 / 2010 <b>Transaction ID:</b> D325574
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FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
459.29		1727.80		2187.09

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
813.85		3061.60		3875.45

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A. Full Name (Last, First, Middle Initial)</b> Comcast			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address PO Box 105184			Allocated Activity or Event Year-To-Date 948864.41																						
City	State	Zip Code	Category/ Type																						
Atlanta	GA	30348-5184																							
Purpose of Disbursement: Admin Internet			Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	2	2	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y																
0	9	/	2	2	/	2	0	1	0																
Activity or Event Identifier: Administrative			Transaction ID: D324871																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
62.71		235.89		298.60

<b>B. Full Name (Last, First, Middle Initial)</b> Covenant Hospice			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 107 W 19th St			Allocated Activity or Event Year-To-Date 948864.41																						
City	State	Zip Code	Category/ Type																						
Panama City	FL	32405-4647																							
Purpose of Disbursement: Contribution			Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	2	7	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y																
0	9	/	2	7	/	2	0	1	0																
Activity or Event Identifier: Administrative			Transaction ID: D325646																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
52.50		197.50		250.00

<b>C. Full Name (Last, First, Middle Initial)</b> DeltaCom1058			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address PO Box 740597			Allocated Activity or Event Year-To-Date 948864.41																						
City	State	Zip Code	Category/ Type																						
Atlanta	GA	30374-0597																							
Purpose of Disbursement: Admin Telephone			Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td>/</td><td>2</td><td>1</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	2	1	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y																
0	9	/	2	1	/	2	0	1	0																
Activity or Event Identifier: Administrative			Transaction ID: D324902																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
164.40		618.48		782.88

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
279.61		1051.87		1331.48

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A. Full Name (Last, First, Middle Initial)</b> Disney Destinations, LLC			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 1000			Allocated Activity or Event Year-To-Date 948864.41	
City Lake Buena Vista	State FL	Zip Code 32830-6000	Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> 09 / 01 / 2010 <b>Transaction ID:</b> D321959	
Purpose of Disbursement: Site Rental				
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
11550.00		43450.00		55000.00

<b>B. Full Name (Last, First, Middle Initial)</b> Eric Jotkoff			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 3607 Eagle Nest Ct			Allocated Activity or Event Year-To-Date 948864.41	
City Melbourne	State FL	Zip Code 32904-9515	Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> 09 / 15 / 2010 <b>Transaction ID:</b> D323418	
Purpose of Disbursement: Salary				
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
331.94		1248.72		1580.66

<b>C. Full Name (Last, First, Middle Initial)</b> Eric Jotkoff			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 3607 Eagle Nest Ct			Allocated Activity or Event Year-To-Date 948864.41	
City Melbourne	State FL	Zip Code 32904-9515	Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> 09 / 30 / 2010 <b>Transaction ID:</b> D326699	
Purpose of Disbursement: Salary				
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
331.94		1248.71		1580.65

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
12213.88		45947.43		58161.31

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A. Full Name (Last, First, Middle Initial)</b> Everest National Insurance Company			<b>Type of Allocated Activity:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 917807			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">948864.41</div>	
City	State	Zip Code	Category/ Type	
Orlando	FL	32891-7807		
Purpose of Disbursement: Benefits			Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">09 / 03 / 2010</div>	
Activity or Event Identifier: Administrative			Transaction ID: D322509	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
50.67		190.61		241.28

<b>B. Full Name (Last, First, Middle Initial)</b> FedEx Express Corporations			<b>Type of Allocated Activity:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 727			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">948864.41</div>	
City	State	Zip Code	Category/ Type	
Memphis	TN	38194-0001		
Purpose of Disbursement: Admin Shipping			Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">09 / 22 / 2010</div>	
Activity or Event Identifier: Administrative			Transaction ID: D325914	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.89		22.14		28.03

<b>C. Full Name (Last, First, Middle Initial)</b> Florida Department of Revenue			<b>Type of Allocated Activity:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 5050 W Tennessee St			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">948864.41</div>	
City	State	Zip Code	Category/ Type	
Tallahassee	FL	32399-6586		
Purpose of Disbursement: Sales Tax			Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">09 / 07 / 2010</div>	
Activity or Event Identifier: Administrative			Transaction ID: D322562	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.51		20.74		26.25

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
62.07		233.49		295.56

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
Goodies Eatery  
Mailing Address  
116 E College Ave  
City State Zip Code  
Tallahassee FL 32301-7704  
Purpose of Disbursement:  
Lunch Meeting  
Activity or Event Identifier:  
Administrative

Type of Allocated Activity:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
Allocated Activity or Event Year-To-Date  
948864.41  
Date 09 / 17 / 2010  
Transaction ID: D324747

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.12		15.52		19.64

**B. Full Name (Last, First, Middle Initial)**  
Intermedia.Net  
Mailing Address  
156 W 56th St Ste 1601  
City State Zip Code  
New York NY 10019-3878  
Purpose of Disbursement:  
Admin Internet  
Activity or Event Identifier:  
Administrative

Type of Allocated Activity:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
Allocated Activity or Event Year-To-Date  
948864.41  
Date 09 / 15 / 2010  
Transaction ID: D328774

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.36		5.12		6.48

**C. Full Name (Last, First, Middle Initial)**  
Intermedia.Net  
Mailing Address  
156 W 56th St Ste 1601  
City State Zip Code  
New York NY 10019-3878  
Purpose of Disbursement:  
Admin Internet  
Activity or Event Identifier:  
Administrative

Type of Allocated Activity:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
Allocated Activity or Event Year-To-Date  
948864.41  
Date 09 / 15 / 2010  
Transaction ID: D328775

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.36		5.12		6.48

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.84		25.76		32.60

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A. Full Name (Last, First, Middle Initial)</b> Intermedia.Net			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 156 W 56th St                      Ste 1601			Allocated Activity or Event Year-To-Date 948864.41																						
City New York	State NY	Zip Code 10019-3878	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	1	3	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y																
0	9	/	1	3	/	2	0	1	0																
Purpose of Disbursement: Admin Internet			Transaction ID: D328782																						
Activity or Event Identifier: Administrative																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.72		6.48		8.20

<b>B. Full Name (Last, First, Middle Initial)</b> Intermedia.Net			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 156 W 56th St                      Ste 1601			Allocated Activity or Event Year-To-Date 948864.41																						
City New York	State NY	Zip Code 10019-3878	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	1	3	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y																
0	9	/	1	3	/	2	0	1	0																
Purpose of Disbursement: Admin Internet			Transaction ID: D328784																						
Activity or Event Identifier: Administrative																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.72		6.48		8.20

<b>C. Full Name (Last, First, Middle Initial)</b> Intermedia.Net			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 156 W 56th St                      Ste 1601			Allocated Activity or Event Year-To-Date 948864.41																						
City New York	State NY	Zip Code 10019-3878	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	1	5	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y																
0	9	/	1	5	/	2	0	1	0																
Purpose of Disbursement: Admin Internet			Transaction ID: D328778																						
Activity or Event Identifier: Administrative																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.36		5.12		6.48

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.80		18.08		22.88

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A. Full Name (Last, First, Middle Initial)</b> Intermedia.Net			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 156 W 56th St                      Ste 1601			Allocated Activity or Event Year-To-Date 948864.41		
City New York	State NY	Zip Code 10019-3878	Date <input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Admin Internet			Transaction ID: D328779		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.36		5.12		6.48

<b>B. Full Name (Last, First, Middle Initial)</b> Intermedia.Net			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 156 W 56th St                      Ste 1601			Allocated Activity or Event Year-To-Date 948864.41		
City New York	State NY	Zip Code 10019-3878	Date <input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Admin Internet			Transaction ID: D328791		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.90		3.39		4.29

<b>C. Full Name (Last, First, Middle Initial)</b> Intermedia.Net			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 156 W 56th St                      Ste 1601			Allocated Activity or Event Year-To-Date 948864.41		
City New York	State NY	Zip Code 10019-3878	Date <input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Admin Internet			Transaction ID: D322868		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.08		19.10		24.18

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.34		27.61		34.95

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
Intermedia.Net  
**Mailing Address**  
156 W 56th St Ste 1601  
**City** New York **State** NY **Zip Code** 10019-3878  
**Purpose of Disbursement:**  
Admin Internet  
**Activity or Event Identifier:**  
Administrative

**Type of Allocated Activity:**  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
**Allocated Activity or Event Year-To-Date**  
948864.41  
**Date** 09 / 27 / 2010  
**Transaction ID:** D325900

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.36		1.37		1.73

**B. Full Name (Last, First, Middle Initial)**  
Intermedia.Net  
**Mailing Address**  
156 W 56th St Ste 1601  
**City** New York **State** NY **Zip Code** 10019-3878  
**Purpose of Disbursement:**  
Admin Internet  
**Activity or Event Identifier:**  
Administrative

**Type of Allocated Activity:**  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
**Allocated Activity or Event Year-To-Date**  
948864.41  
**Date** 09 / 27 / 2010  
**Transaction ID:** D325901

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.36		1.37		1.73

**C. Full Name (Last, First, Middle Initial)**  
Intermedia.Net  
**Mailing Address**  
156 W 56th St Ste 1601  
**City** New York **State** NY **Zip Code** 10019-3878  
**Purpose of Disbursement:**  
Admin Internet  
**Activity or Event Identifier:**  
Administrative

**Type of Allocated Activity:**  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
**Allocated Activity or Event Year-To-Date**  
948864.41  
**Date** 09 / 27 / 2010  
**Transaction ID:** D325906

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.36		1.37		1.73

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.08		4.11		5.19

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A. Full Name (Last, First, Middle Initial)</b> Intermedia.Net			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 156 W 56th St                      Ste 1601			Allocated Activity or Event Year-To-Date 948864.41		
City New York	State NY	Zip Code 10019-3878	Date <input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Admin Internet			Transaction ID: D325909		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.72		2.73		3.45

<b>B. Full Name (Last, First, Middle Initial)</b> Intermedia.Net			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 156 W 56th St                      Ste 1601			Allocated Activity or Event Year-To-Date 948864.41		
City New York	State NY	Zip Code 10019-3878	Date <input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Admin Internet			Transaction ID: D325910		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.72		2.73		3.45

<b>C. Full Name (Last, First, Middle Initial)</b> Intermedia.Net			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 156 W 56th St                      Ste 1601			Allocated Activity or Event Year-To-Date 948864.41		
City New York	State NY	Zip Code 10019-3878	Date <input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Admin Internet			Transaction ID: D325911		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.72		2.73		3.45

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.16		8.19		10.35

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A. Full Name (Last, First, Middle Initial)</b> Intermedia.Net			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 156 W 56th St                      Ste 1601			Allocated Activity or Event Year-To-Date 948864.41		
City	State	Zip Code	Category/Type		
New York	NY	10019-3878			
Purpose of Disbursement: Admin Internet					
Activity or Event Identifier: Administrative			Date    M M / D D / Y Y Y Y 09 / 22 / 2010 <b>Transaction ID:</b> D325912		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.72		2.73		3.45

<b>B. Full Name (Last, First, Middle Initial)</b> Intermedia.Net			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 156 W 56th St                      Ste 1601			Allocated Activity or Event Year-To-Date 948864.41		
City	State	Zip Code	Category/Type		
New York	NY	10019-3878			
Purpose of Disbursement: Admin Internet					
Activity or Event Identifier: Administrative			Date    M M / D D / Y Y Y Y 09 / 02 / 2010 <b>Transaction ID:</b> D322869		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
250.38		941.92		1192.30

<b>C. Full Name (Last, First, Middle Initial)</b> Intermedia.Net			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 156 W 56th St                      Ste 1601			Allocated Activity or Event Year-To-Date 948864.41		
City	State	Zip Code	Category/Type		
New York	NY	10019-3878			
Purpose of Disbursement: Admin Internet					
Activity or Event Identifier: Administrative			Date    M M / D D / Y Y Y Y 09 / 07 / 2010 <b>Transaction ID:</b> D328789		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.36		8.86		11.22

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
253.46		953.51		1206.97

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A. Full Name (Last, First, Middle Initial)</b> Intermedia.Net			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 156 W 56th St                      Ste 1601			Allocated Activity or Event Year-To-Date 948864.41		
City New York	State NY	Zip Code 10019-3878	Date <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 07 / 2010		
Purpose of Disbursement: Admin Internet			Transaction ID: D328790		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.36		8.86		11.22

<b>B. Full Name (Last, First, Middle Initial)</b> Intermedia.Net			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 156 W 56th St                      Ste 1601			Allocated Activity or Event Year-To-Date 948864.41		
City New York	State NY	Zip Code 10019-3878	Date <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 15 / 2010		
Purpose of Disbursement: Admin Internet			Transaction ID: D328780		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.36		5.12		6.48

<b>C. Full Name (Last, First, Middle Initial)</b> Intermedia.Net			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 156 W 56th St                      Ste 1601			Allocated Activity or Event Year-To-Date 948864.41		
City New York	State NY	Zip Code 10019-3878	Date <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 07 / 2010		
Purpose of Disbursement: Admin Internet			Transaction ID: D328785		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.80		3.00		3.80

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.52		16.98		21.50

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
Intermedia.Net  
**Mailing Address**  
156 W 56th St Ste 1601  
**City** New York **State** NY **Zip Code** 10019-3878  
**Purpose of Disbursement:**  
Admin Internet  
**Activity or Event Identifier:**  
Administrative

**Type of Allocated Activity:**  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
**Allocated Activity or Event Year-To-Date**  
948864.41  
**Date** 09 / 07 / 2010  
**Transaction ID:** D328787

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.36		8.86		11.22

**B. Full Name (Last, First, Middle Initial)**  
Intermedia.Net  
**Mailing Address**  
156 W 56th St Ste 1601  
**City** New York **State** NY **Zip Code** 10019-3878  
**Purpose of Disbursement:**  
Admin Internet  
**Activity or Event Identifier:**  
Administrative

**Type of Allocated Activity:**  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
**Allocated Activity or Event Year-To-Date**  
948864.41  
**Date** 09 / 27 / 2010  
**Transaction ID:** D325902

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.36		1.37		1.73

**C. Full Name (Last, First, Middle Initial)**  
Intermedia.Net  
**Mailing Address**  
156 W 56th St Ste 1601  
**City** New York **State** NY **Zip Code** 10019-3878  
**Purpose of Disbursement:**  
Admin Internet  
**Activity or Event Identifier:**  
Administrative

**Type of Allocated Activity:**  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
**Allocated Activity or Event Year-To-Date**  
948864.41  
**Date** 09 / 27 / 2010  
**Transaction ID:** D325903

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.36		1.37		1.73

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.08		11.60		14.68

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A. Full Name (Last, First, Middle Initial)</b> Intermedia.Net			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 156 W 56th St                      Ste 1601			Allocated Activity or Event Year-To-Date 948864.41	
City New York	State NY	Zip Code 10019-3878	Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> 09 / 27 / 2010 <b>Transaction ID:</b> D325905	
Purpose of Disbursement: Admin Internet				
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.36		1.37		1.73

<b>B. Full Name (Last, First, Middle Initial)</b> Intuit Software			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2632 Marine Way			Allocated Activity or Event Year-To-Date 948864.41	
City Mountain View	State CA	Zip Code 94043-1126	Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> 09 / 07 / 2010 <b>Transaction ID:</b> D322607	
Purpose of Disbursement: Admin Office Supplies				
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
38.37		144.35		182.72

<b>C. Full Name (Last, First, Middle Initial)</b> John E Rogers			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2257 Collins Rd			Allocated Activity or Event Year-To-Date 948864.41	
City Cairo	State GA	Zip Code 39828-4917	Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> 09 / 15 / 2010 <b>Transaction ID:</b> D323429	
Purpose of Disbursement: Salary				
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
92.91		349.51		442.42

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
131.64		495.23		626.87

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A. Full Name (Last, First, Middle Initial)</b> John E Rogers			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 2257 Collins Rd			Allocated Activity or Event Year-To-Date 948864.41																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> Transaction ID: D326734			M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	3	0	/	2	0	1	0
M	M	/				D	D	/	Y	Y	Y	Y													
0	9	/	3	0	/	2	0	1	0																
Cairo	GA	39828-4917																							
Purpose of Disbursement: Salary			Category/ Type																						
Activity or Event Identifier: Administrative																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
76.90		289.27		366.17

<b>B. Full Name (Last, First, Middle Initial)</b> Luke Kosar			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 219 W Orlando St			Allocated Activity or Event Year-To-Date 948864.41																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> Transaction ID: D323430			M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	1	5	/	2	0	1	0
M	M	/				D	D	/	Y	Y	Y	Y													
0	9	/	1	5	/	2	0	1	0																
Orlando	FL	32804-5427																							
Purpose of Disbursement: Salary			Category/ Type																						
Activity or Event Identifier: Administrative																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
309.40		1163.92		1473.32

<b>C. Full Name (Last, First, Middle Initial)</b> Luke Kosar			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 219 W Orlando St			Allocated Activity or Event Year-To-Date 948864.41																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> Transaction ID: D326735			M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	3	0	/	2	0	1	0
M	M	/				D	D	/	Y	Y	Y	Y													
0	9	/	3	0	/	2	0	1	0																
Orlando	FL	32804-5427																							
Purpose of Disbursement: Salary			Category/ Type																						
Activity or Event Identifier: Administrative																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
309.40		1163.92		1473.32

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
695.70		2617.11		3312.81

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A. Full Name (Last, First, Middle Initial)</b> Macy's			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1500 Apalachee Pkwy			Allocated Activity or Event Year-To-Date 948864.41		
City Tallahassee	State FL	Zip Code 32301-3055	Date <input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Admin Office Supplies			Transaction ID: D324478		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
24.14		90.79		114.93

<b>B. Full Name (Last, First, Middle Initial)</b> Macy's			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1500 Apalachee Pkwy			Allocated Activity or Event Year-To-Date 948864.41		
City Tallahassee	State FL	Zip Code 32301-3055	Date <input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Admin Office Supplies			Transaction ID: D324479		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
23.69		89.13		112.82

<b>C. Full Name (Last, First, Middle Initial)</b> Microsoft Office			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1 Microsoft Way			Allocated Activity or Event Year-To-Date 948864.41		
City Redmond	State WA	Zip Code 98052-8300	Date <input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Admin Office Supplies			Transaction ID: D328792		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.16		11.88		15.04

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
50.99		191.80		242.79

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A. Full Name (Last, First, Middle Initial)</b> NAACP			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 5892			Allocated Activity or Event Year-To-Date 948864.41		
City Tallahassee	State FL	Zip Code 32314-5892	Date <input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Contribution			Transaction ID: D325048		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
315.00		1185.00		1500.00

<b>B. Full Name (Last, First, Middle Initial)</b> NAACP			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 5892			Allocated Activity or Event Year-To-Date 948864.41		
City Tallahassee	State FL	Zip Code 32314-5892	Date <input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Contribution			Transaction ID: D325549		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
315.00		1185.00		1500.00

<b>C. Full Name (Last, First, Middle Initial)</b> Nicholas Pellito			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 445 Appleyard Dr   Apt A2-5			Allocated Activity or Event Year-To-Date 948864.41		
City Tallahassee	State FL	Zip Code 32304-2868	Date <input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Salary			Transaction ID: D323422		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
217.89		819.67		1037.56

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
847.89		3189.67		4037.56

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A. Full Name (Last, First, Middle Initial)</b> Nicholas Pellito			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 445 Appleyard Dr   Apt A2-5			Allocated Activity or Event Year-To-Date 948864.41		
City Tallahassee	State FL	Zip Code 32304-2868	Date MM / DD / YYYY 09 / 30 / 2010		
Purpose of Disbursement: Salary			Transaction ID: D326709		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
217.89		819.66		1037.55

<b>B. Full Name (Last, First, Middle Initial)</b> Office Depot-Corporate			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 633211			Allocated Activity or Event Year-To-Date 948864.41		
City Cincinnati	State OH	Zip Code 45263-3211	Date MM / DD / YYYY 09 / 11 / 2010		
Purpose of Disbursement: Admin Office Supplies			Transaction ID: D323082		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.83		14.43		18.26

<b>C. Full Name (Last, First, Middle Initial)</b> Office Depot-Corporate			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 633211			Allocated Activity or Event Year-To-Date 948864.41		
City Cincinnati	State OH	Zip Code 45263-3211	Date MM / DD / YYYY 09 / 11 / 2010		
Purpose of Disbursement: Admin Office Supplies			Transaction ID: D323081		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
17.28		65.01		82.29

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
239.00		899.10		1138.10

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A. Full Name (Last, First, Middle Initial)</b> One Source Supply Center			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 5855 Green Valley Cir Ste 206			Allocated Activity or Event Year-To-Date 948864.41		
City State Zip Code Culver City CA 90230-6968	Category/ Type		Date <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 21 / 2010		
Purpose of Disbursement: Admin Office Supplies			Transaction ID: D324905		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
29.99		112.84		142.83

<b>B. Full Name (Last, First, Middle Initial)</b> Osmond Johnson Janitorial Service			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 24131 Lake Talquin Rd			Allocated Activity or Event Year-To-Date 948864.41		
City State Zip Code Tallahassee FL 32310-4603	Category/ Type		Date <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 17 / 2010		
Purpose of Disbursement: Admin Office Supplies			Transaction ID: D324777		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.85		21.99		27.84

<b>C. Full Name (Last, First, Middle Initial)</b> Osmond Johnson Janitorial Service			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 24131 Lake Talquin Rd			Allocated Activity or Event Year-To-Date 948864.41		
City State Zip Code Tallahassee FL 32310-4603	Category/ Type		Date <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 03 / 2010		
Purpose of Disbursement: Janitorial Service			Transaction ID: D322597		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
126.00		474.00		600.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
161.84		608.83		770.67

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A. Full Name (Last, First, Middle Initial)</b> PAC Strategies, LLC			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 7084			Allocated Activity or Event Year-To-Date 948864.41		
City Alexandria	State VA	Zip Code 22307-0084	Date <input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Consulting/Compliance			Transaction ID: D323496		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
315.00		1185.00		1500.00

<b>B. Full Name (Last, First, Middle Initial)</b> PAi			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 60			Allocated Activity or Event Year-To-Date 948864.41		
City De Pere	State WI	Zip Code 54115-0060	Date <input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Benefits			Transaction ID: D324476		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
25.27		107.73		133.00

<b>C. Full Name (Last, First, Middle Initial)</b> PAi			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 60			Allocated Activity or Event Year-To-Date 948864.41		
City De Pere	State WI	Zip Code 54115-0060	Date <input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Benefits			Transaction ID: D322363		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
27.93		105.07		133.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
368.20		1397.80		1766.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A. Full Name (Last, First, Middle Initial)</b> Payroll Matters			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 2069 N Monroe St			Allocated Activity or Event Year-To-Date 948864.41																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> Transaction ID: D328503			M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	3	0	/	2	0	1	0
M	M	/				D	D	/	Y	Y	Y	Y													
0	9	/	3	0	/	2	0	1	0																
Tallahassee	FL	32303-4727																							
Purpose of Disbursement: Payroll Tax			Category/ Type																						
Activity or Event Identifier: Administrative																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
644.25		2423.59		3067.84

<b>B. Full Name (Last, First, Middle Initial)</b> Payroll Matters			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 2069 N Monroe St			Allocated Activity or Event Year-To-Date 948864.41																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> Transaction ID: D328521			M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	1	5	/	2	0	1	0
M	M	/				D	D	/	Y	Y	Y	Y													
0	9	/	1	5	/	2	0	1	0																
Tallahassee	FL	32303-4727																							
Purpose of Disbursement: Payroll Tax			Category/ Type																						
Activity or Event Identifier: Administrative																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
649.76		2444.33		3094.09

<b>C. Full Name (Last, First, Middle Initial)</b> Payroll Matters			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 2069 N Monroe St			Allocated Activity or Event Year-To-Date 948864.41																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> Transaction ID: D384044			M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	1	5	/	2	0	1	0
M	M	/				D	D	/	Y	Y	Y	Y													
0	9	/	1	5	/	2	0	1	0																
Tallahassee	FL	32303-4727																							
Purpose of Disbursement: Payroll Fees			Category/ Type																						
Activity or Event Identifier: Administrative																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
18.55		69.79		88.34

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1312.56		4937.71		6250.27

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A. Full Name (Last, First, Middle Initial)</b> PitneyBowes			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P.O. Box 371896   PO Box 856042			Allocated Activity or Event Year-To-Date 948864.41		
City Louisville	State KY	Zip Code 40285-6042	Date <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 03 / 2010		
Purpose of Disbursement: Admin Lease/Rent			Transaction ID: D322599		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
44.63		167.87		212.50

<b>B. Full Name (Last, First, Middle Initial)</b> Principal Financial Group			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 14416   Dept. 900			Allocated Activity or Event Year-To-Date 948864.41		
City Des Moines	State IA	Zip Code 50306-3416	Date <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 16 / 2010		
Purpose of Disbursement: Benefits			Transaction ID: D324766		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
104.98		394.92		499.90

<b>C. Full Name (Last, First, Middle Initial)</b> Publix Super Markets, Inc.			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P.O. 32009   PO Box 407			Allocated Activity or Event Year-To-Date 948864.41		
City Lakeland	State FL	Zip Code 33802-0407	Date <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 28 / 2010		
Purpose of Disbursement: Lunch Meeting			Transaction ID: D325913		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.93		26.07		33.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
156.54		588.86		745.40

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A. Full Name (Last, First, Middle Initial)</b> Purchase Power			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 371874                      P.O. Box 856042			Allocated Activity or Event Year-To-Date 948864.41		
City Pittsburgh	State PA	Zip Code 15250-7874	Date    M M / D D / Y Y Y Y 09 / 21 / 2010		
Purpose of Disbursement: Admin Postage			Transaction ID: D324906		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.06		395.24		500.30

<b>B. Full Name (Last, First, Middle Initial)</b> Renaissance Austin Hotel			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 9721 Arboretum Blvd			Allocated Activity or Event Year-To-Date 948864.41		
City Austin	State TX	Zip Code 78759-6316	Date    M M / D D / Y Y Y Y 09 / 13 / 2010		
Purpose of Disbursement: Travel/Lodging			Transaction ID: D324477		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
26.94		114.86		141.80

<b>C. Full Name (Last, First, Middle Initial)</b> Ricoh Americas Corporation			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 21146 Network PI			Allocated Activity or Event Year-To-Date 948864.41		
City Chicago	State IL	Zip Code 60673-1211	Date    M M / D D / Y Y Y Y 09 / 21 / 2010		
Purpose of Disbursement: Admin Lease/Rent			Transaction ID: D324904		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
226.00		850.20		1076.20

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
358.00		1360.30		1718.30

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT



**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
Sprint  
Mailing Address  
6450 Sprint Pkwy  
City State Zip Code  
Overland Park KS 66251-6105  
Purpose of Disbursement:  
Admin Internet  
Activity or Event Identifier:  
Administrative

Type of Allocated Activity:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
Allocated Activity or Event Year-To-Date  
948864.41  
Date 09 / 16 / 2010  
Transaction ID: D323504

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
15.15		56.99		72.14

**B. Full Name (Last, First, Middle Initial)**  
Staples Office Supplies  
Mailing Address  
500 Staples Dr  
City State Zip Code  
Framingham MA 01702-4478  
Purpose of Disbursement:  
Admin Office Supplies  
Activity or Event Identifier:  
Administrative

Type of Allocated Activity:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
Allocated Activity or Event Year-To-Date  
948864.41  
Date 09 / 14 / 2010  
Transaction ID: D324480

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
13.94		52.44		66.38

**C. Full Name (Last, First, Middle Initial)**  
State of Florida Disbursement Unit  
Mailing Address  
PO Box 8500  
City State Zip Code  
Tallahassee FL 32314-8500  
Purpose of Disbursement:  
Payroll Expense  
Activity or Event Identifier:  
Administrative

Type of Allocated Activity:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
Allocated Activity or Event Year-To-Date  
948864.41  
Date 09 / 24 / 2010  
Transaction ID: D325548

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
33.85		127.36		161.21

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
62.94		236.79		299.73

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A. Full Name (Last, First, Middle Initial)</b> Stephen Carville			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2401 W Morrison Ave   6610 Burden Ln			Allocated Activity or Event Year-To-Date 948864.41		
City Tampa	State FL	Zip Code 33629-4756	Date <input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Salary			Transaction ID: D323425		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
177.28		666.90		844.18

<b>B. Full Name (Last, First, Middle Initial)</b> Stephen Carville			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2401 W Morrison Ave   6610 Burden Ln			Allocated Activity or Event Year-To-Date 948864.41		
City Tampa	State FL	Zip Code 33629-4756	Date <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Salary			Transaction ID: D326724		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
177.28		666.90		844.18

<b>C. Full Name (Last, First, Middle Initial)</b> T-Mobile			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 742596			Allocated Activity or Event Year-To-Date 948864.41		
City Cincinnati	State OH	Zip Code 45274-2596	Date <input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Admin Cell Phone			Transaction ID: D322882		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
21.97		82.66		104.63

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
376.53		1416.46		1792.99

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A. Full Name (Last, First, Middle Initial)</b> Tracy N Henderson			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 213 Young St			Allocated Activity or Event Year-To-Date 948864.41		
City Tallahassee	State FL	Zip Code 32301-5437	Date <input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Salary			Transaction ID: D323426		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
214.59		807.27		1021.86

<b>B. Full Name (Last, First, Middle Initial)</b> Tracy N Henderson			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 213 Young St			Allocated Activity or Event Year-To-Date 948864.41		
City Tallahassee	State FL	Zip Code 32301-5437	Date <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Salary			Transaction ID: D326727		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
256.59		965.27		1221.86

<b>C. Full Name (Last, First, Middle Initial)</b> United States Postal Service			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2825 Lone Oak Pkwy   Accounting Service Center			Allocated Activity or Event Year-To-Date 948864.41		
City Eagan	State MN	Zip Code 55121-1551	Date <input type="text" value="09"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Admin Shipping			Transaction ID: D324723		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.31		14.09		17.40

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
474.49		1786.63		2261.12

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A. Full Name (Last, First, Middle Initial)</b> United States Postal Service			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2825 Lone Oak Pkwy   Accounting Service Center			Allocated Activity or Event Year-To-Date 948864.41		
City Eagan	State MN	Zip Code 55121-1551	Date <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 22 / 2010		
Purpose of Disbursement: Admin Shipping			Transaction ID: D324881		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.65		13.75		17.40

<b>B. Full Name (Last, First, Middle Initial)</b> United States Postal Service			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2825 Lone Oak Pkwy   Accounting Service Center			Allocated Activity or Event Year-To-Date 948864.41		
City Eagan	State MN	Zip Code 55121-1551	Date <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 22 / 2010		
Purpose of Disbursement: Admin Shipping			Transaction ID: D324882		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.65		13.75		17.40

<b>C. Full Name (Last, First, Middle Initial)</b> United States Postal Service			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2825 Lone Oak Pkwy   Accounting Service Center			Allocated Activity or Event Year-To-Date 948864.41		
City Eagan	State MN	Zip Code 55121-1551	Date <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 21 / 2010		
Purpose of Disbursement: Admin Shipping			Transaction ID: D324885		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.65		13.75		17.40

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.95		41.25		52.20

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A. Full Name (Last, First, Middle Initial)</b> United States Postal Service			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2825 Lone Oak Pkwy   Accounting Service Center			Allocated Activity or Event Year-To-Date 948864.41		
City Eagan	State MN	Zip Code 55121-1551	Date MM / DD / YYYY 09 / 23 / 2010		
Purpose of Disbursement: Admin Shipping			Transaction ID: D325895		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.65		13.75		17.40

<b>B. Full Name (Last, First, Middle Initial)</b> United States Postal Service			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2825 Lone Oak Pkwy   Accounting Service Center			Allocated Activity or Event Year-To-Date 948864.41		
City Eagan	State MN	Zip Code 55121-1551	Date MM / DD / YYYY 09 / 23 / 2010		
Purpose of Disbursement: Admin Shipping			Transaction ID: D325898		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.31		14.09		17.40

<b>C. Full Name (Last, First, Middle Initial)</b> United States Postal Service			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2825 Lone Oak Pkwy   Accounting Service Center			Allocated Activity or Event Year-To-Date 948864.41		
City Eagan	State MN	Zip Code 55121-1551	Date MM / DD / YYYY 09 / 28 / 2010		
Purpose of Disbursement: Admin Shipping			Transaction ID: D325907		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.65		13.75		17.40

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.61		41.59		52.20

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
United States Postmaster - Tallahassee

Mailing Address  
2800 S Adams St

City Tallahassee	State FL	Zip Code 32301-9706	Category/ Type
Purpose of Disbursement: Admin Shipping			

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:  
 Administrative    Fundraising    Exempt  
 Voter Drive    Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
948864.41

Date  /  /   
**Transaction ID:** D324483

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.86		14.51		18.37

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

Mailing Address  
PO Box 72470244

City Philadelphia	State PA	Zip Code 19170-0001	Category/ Type
Purpose of Disbursement: Admin Shipping			

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:  
 Administrative    Fundraising    Exempt  
 Voter Drive    Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
948864.41

Date  /  /   
**Transaction ID:** D324752

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
47.67		179.33		227.00

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

Mailing Address  
PO Box 72470244

City Philadelphia	State PA	Zip Code 19170-0001	Category/ Type
Purpose of Disbursement: Admin Shipping			

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:  
 Administrative    Fundraising    Exempt  
 Voter Drive    Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
948864.41

Date  /  /   
**Transaction ID:** D322878

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
17.01		63.98		80.99

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
68.54		257.82		326.36

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A. Full Name (Last, First, Middle Initial)</b> UPS			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 72470244			Allocated Activity or Event Year-To-Date 948864.41		
City Philadelphia	State PA	Zip Code 19170-0001	Date <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 09 / 2010		
Purpose of Disbursement: Admin Shipping			Transaction ID: D322879		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
58.55		220.28		278.83

<b>B. Full Name (Last, First, Middle Initial)</b> UPS			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 72470244			Allocated Activity or Event Year-To-Date 948864.41		
City Philadelphia	State PA	Zip Code 19170-0001	Date <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 27 / 2010		
Purpose of Disbursement: Admin Shipping			Transaction ID: D325654		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
15.45		58.10		73.55

<b>C. Full Name (Last, First, Middle Initial)</b> WalMart Stores, Inc.			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 702 SW 8th St			Allocated Activity or Event Year-To-Date 948864.41		
City Bentonville	State AR	Zip Code 72716-6209	Date <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 10 / 2010		
Purpose of Disbursement: Admin Office Supplies			Transaction ID: D323080		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
26.59		100.01		126.60

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
100.59		378.39		478.98

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A. Full Name (Last, First, Middle Initial)</b> WalMart Stores, Inc.			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 702 SW 8th St			Allocated Activity or Event Year-To-Date 948864.41		
City Bentonville	State AR	Zip Code 72716-6209	Date <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 18 / 2010		
Purpose of Disbursement: Admin Office Supplies			Transaction ID: D324742		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
18.95		71.30		90.25

<b>B. Full Name (Last, First, Middle Initial)</b> WebDomains4u.com			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 14455 N Hayden Rd Ste 219			Allocated Activity or Event Year-To-Date 948864.41		
City Scottsdale	State AZ	Zip Code 85260-6993	Date <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 24 / 2010		
Purpose of Disbursement: Admin Internet			Transaction ID: D325908		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.41		24.10		30.51

<b>C. Full Name (Last, First, Middle Initial)</b> Nicholas Pellito			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 445 Appleyard Dr Apt A2-5			Allocated Activity or Event Year-To-Date 948864.41		
City Tallahassee	State FL	Zip Code 32304-2868	Date <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 01 / 2010		
Purpose of Disbursement: Staff Reimbursement			Transaction ID: D322312		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
71.14		267.61		338.75

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
96.50		363.01		459.51

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A. Full Name (Last, First, Middle Initial)</b> Fontainbleau Resort			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 4441 Collins Ave			Allocated Activity or Event Year-To-Date 948864.41	
City Miami Beach	State FL	Zip Code 33140-3227	Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> 09 / 01 / 2010 <b>Transaction ID:</b> D322313	
Purpose of Disbursement: Travel/ Lodging				
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
60.11		226.11		286.22

<b>B. Full Name (Last, First, Middle Initial)</b> Papa John's Pizza			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 4209			Allocated Activity or Event Year-To-Date 948864.41	
City Tallahassee	State FL	Zip Code 32315-4209	Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> 09 / 01 / 2010 <b>Transaction ID:</b> D322314	
Purpose of Disbursement: Dinner Meeting				
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.15		19.38		24.53

<b>C. Full Name (Last, First, Middle Initial)</b> Parking Garage			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 215 S Monroe St			Allocated Activity or Event Year-To-Date 948864.41	
City Tallahassee	State FL	Zip Code 32301-1839	Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> 09 / 01 / 2010 <b>Transaction ID:</b> D322315	
Purpose of Disbursement: Auto Travel				
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.36		24.64		28.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A. Full Name (Last, First, Middle Initial)</b> Scott Arceneaux			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1544 Lorimier Rd			Allocated Activity or Event Year-To-Date 948864.41		
City Jacksonville	State FL	Zip Code 32207-4240	Date MM / DD / YYYY 09 / 01 / 2010		
Purpose of Disbursement: Staff Reimbursement			Transaction ID: D322613		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
166.96		628.11		795.07

<b>B. Full Name (Last, First, Middle Initial)</b> Jacob's			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 101 S Adams St			Allocated Activity or Event Year-To-Date 948864.41		
City Tallahassee	State FL	Zip Code 32301-7719	Date MM / DD / YYYY 09 / 01 / 2010		
Purpose of Disbursement: Breakfast Meeting			Transaction ID: D322615		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
14.70		55.29		69.99

<b>C. Full Name (Last, First, Middle Initial)</b> Polos on Park			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2626 E Park Ave			Allocated Activity or Event Year-To-Date 948864.41		
City Tallahassee	State FL	Zip Code 32301-0802	Date MM / DD / YYYY 09 / 01 / 2010		
Purpose of Disbursement: Lodging			Transaction ID: D322614		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
152.27		572.81		725.08

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
166.96		628.11		795.07

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A. Full Name (Last, First, Middle Initial)</b> Messer, Caparello & Self			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 15579			Allocated Activity or Event Year-To-Date 948864.41		
City Tallahassee	State FL	Zip Code 32317-5579	Date <input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Travel Expense			Transaction ID: D322884		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
142.93		537.71		680.64

<b>B. Full Name (Last, First, Middle Initial)</b> Mark Herron, P.A.			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 215 S Monroe St Ste 3550			Allocated Activity or Event Year-To-Date 948864.41		
City Tallahassee	State FL	Zip Code 32301-1839	Date <input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Mileage			Transaction ID: D372695		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
98.49		370.51		469.00

<b>C. Full Name (Last, First, Middle Initial)</b> The Westin Diplomat Resort & Spa			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 3555 S Ocean Dr			Allocated Activity or Event Year-To-Date 948864.41		
City Hollywood	State FL	Zip Code 33019-2827	Date <input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Travel/Lodging			Transaction ID: D372696		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
44.44		167.20		211.64

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
142.93		537.71		680.64

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
Ms. Anne O Morgan

Mailing Address  
741 W Keller St

City	State	Zip Code
Hernando	FL	34442-8810

Purpose of Disbursement:  
Staff Reimbursement

Category/  
Type

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

948864.41

Activity or Event Identifier:  
Administrative

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	9	/	2	0	1	0

Transaction ID: D322889

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.00		395.00		500.00

**B. Full Name (Last, First, Middle Initial)**  
Blue Cross and Blue Shield of Florida

Mailing Address  
PO Box 2210

City	State	Zip Code
Jacksonville	FL	32203-2210

Purpose of Disbursement:  
Benefits

Category/  
Type

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

948864.41

Activity or Event Identifier:  
Administrative  
**[MEMO ITEM]**

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	9	/	2	0	1	0

Transaction ID: D322890

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.00		395.00		500.00

**C. Full Name (Last, First, Middle Initial)**  
Ms. Christina Boltin

Mailing Address  
2413 Bayshore Blvd

City	State	Zip Code
Tampa	FL	33629-7333

Purpose of Disbursement:  
Staff Reimbursement

Category/  
Type

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

948864.41

Activity or Event Identifier:  
Administrative

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	8	/	2	0	1	0

Transaction ID: D322891

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
25.20		94.80		120.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
130.20		489.80		620.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A. Full Name (Last, First, Middle Initial)</b> AT&T Mobility			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 538695			Allocated Activity or Event Year-To-Date 948864.41		
City Atlanta	State GA	Zip Code 30353-8695	Date <input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Admin Cell Phone			Transaction ID: D322892		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
25.20		94.80		120.00

<b>B. Full Name (Last, First, Middle Initial)</b> Nicholas Pellito			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 445 Appleyard Dr Apt A2-5			Allocated Activity or Event Year-To-Date 948864.41		
City Tallahassee	State FL	Zip Code 32304-2868	Date <input type="text" value="09"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Staff Reimbursement			Transaction ID: D322893		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.95		22.38		28.33

<b>C. Full Name (Last, First, Middle Initial)</b> ACE Hardware			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 3626 Apalachee Pkwy			Allocated Activity or Event Year-To-Date 948864.41		
City Tallahassee	State FL	Zip Code 32311-4049	Date <input type="text" value="09"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Admin Office Supplies			Transaction ID: D322894		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.38		12.73		16.11

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.95		22.38		28.33

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
WalMart Stores, Inc.

Mailing Address  
702 SW 8th St

City	State	Zip Code	Category/ Type
Bentonville	AR	72716-6209	

Purpose of Disbursement:  
Admin Office Supplies

Activity or Event Identifier:  
Administrative  
**[MEMO ITEM]**

Type of Allocated Activity:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
948864.41

Date  /  /   
**Transaction ID:** D322895

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.57		9.65		12.22

**B. Full Name (Last, First, Middle Initial)**  
Ms. Karen L. Thurman

Mailing Address  
9067 SW 190th Avenue Rd

City	State	Zip Code	Category/ Type
Dunnellon	FL	34432-2827	

Purpose of Disbursement:  
Staff Reimbursement

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
948864.41

Date  /  /   
**Transaction ID:** D322896

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
408.37		1536.26		1944.63

**C. Full Name (Last, First, Middle Initial)**  
Columbia Restaurant

Mailing Address  
2117 E 7th Ave

City	State	Zip Code	Category/ Type
Tampa	FL	33605-3903	

Purpose of Disbursement:  
Travel/Meals

Activity or Event Identifier:  
Administrative  
**[MEMO ITEM]**

Type of Allocated Activity:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
948864.41

Date  /  /   
**Transaction ID:** D322898

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
45.63		171.66		217.29

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
408.37		1536.26		1944.63

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
Dovere Properties, LLC

Mailing Address  
310 W Jefferson St Attn: Mr. Leonard Pepper

City	State	Zip Code
Tallahassee	FL	32301-1419

Purpose of Disbursement:  
Lodging

Activity or Event Identifier:  
Administrative  
**[MEMO ITEM]**

Type of Allocated Activity:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
948864.41

Date  /  /   
**Transaction ID:** D322899

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
252.00		948.00		1200.00

**B. Full Name (Last, First, Middle Initial)**  
Florida's Turnpike

Mailing Address  
Turnpike Mile Post 263 Bldg. 5315

City	State	Zip Code
Ocoee	FL	34761

Purpose of Disbursement:  
Auto Travel

Activity or Event Identifier:  
Administrative  
**[MEMO ITEM]**

Type of Allocated Activity:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
948864.41

Date  /  /   
**Transaction ID:** D322900

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.80		10.55		13.35

**C. Full Name (Last, First, Middle Initial)**  
Ms. Karen L. Thurman

Mailing Address  
9067 SW 190th Avenue Rd

City	State	Zip Code
Dunnellon	FL	34432-2827

Purpose of Disbursement:  
Auto Travel

Activity or Event Identifier:  
Administrative  
**[MEMO ITEM]**

Type of Allocated Activity:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
948864.41

Date  /  /   
**Transaction ID:** D322897

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
107.94		406.05		513.99

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A. Full Name (Last, First, Middle Initial)</b> Eric Jotkoff			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 3607 Eagle Nest Ct			Allocated Activity or Event Year-To-Date 948864.41		
City Melbourne	State FL	Zip Code 32904-9515	Date <input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Staff Reimbursement			Transaction ID: D323114		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
56.15		211.21		267.36

<b>B. Full Name (Last, First, Middle Initial)</b> Eric Jotkoff			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 3607 Eagle Nest Ct			Allocated Activity or Event Year-To-Date 948864.41		
City Melbourne	State FL	Zip Code 32904-9515	Date <input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Auto Travel			Transaction ID: D323115		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
56.15		211.21		267.36

<b>C. Full Name (Last, First, Middle Initial)</b> Ms. Anne O Morgan			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 741 W Keller St			Allocated Activity or Event Year-To-Date 948864.41		
City Hernando	State FL	Zip Code 34442-8810	Date <input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Staff Reimbursement			Transaction ID: D325306		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
181.44		682.56		864.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
237.59		893.77		1131.36

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A. Full Name (Last, First, Middle Initial)</b> Ms. Anne O Morgan <hr/> Mailing Address 741 W Keller St <hr/> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> <td rowspan="2" style="width:15%; text-align: center;">Category/ Type</td> </tr> <tr> <td>Hernando</td> <td>FL</td> <td>34442-8810</td> </tr> </table> <hr/> Purpose of Disbursement: Auto Travel <hr/> Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>	City	State	Zip Code	Category/ Type	Hernando	FL	34442-8810	Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">948864.41</div> <hr/> Date <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">M</td><td style="border: 1px solid black; padding: 2px;">M</td><td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td><td style="border: 1px solid black; padding: 2px;">D</td><td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y</td><td style="border: 1px solid black; padding: 2px;">Y</td><td style="border: 1px solid black; padding: 2px;">Y</td><td style="border: 1px solid black; padding: 2px;">Y</td> </tr> <tr> <td style="text-align: center;">0</td><td style="text-align: center;">9</td><td></td> <td style="text-align: center;">2</td><td style="text-align: center;">4</td><td></td> <td style="text-align: center;">2</td><td style="text-align: center;">0</td><td style="text-align: center;">1</td><td style="text-align: center;">0</td> </tr> </table> <b>Transaction ID:</b> D325307	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	4		2	0	1	0
City	State	Zip Code	Category/ Type																									
Hernando	FL	34442-8810																										
M	M	/	D	D	/	Y	Y	Y	Y																			
0	9		2	4		2	0	1	0																			

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
181.44		682.56		864.00

<b>B. Full Name (Last, First, Middle Initial)</b> Ms. Karen L. Thurman <hr/> Mailing Address 9067 SW 190th Avenue Rd <hr/> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> <td rowspan="2" style="width:15%; text-align: center;">Category/ Type</td> </tr> <tr> <td>Dunnellon</td> <td>FL</td> <td>34432-2827</td> </tr> </table> <hr/> Purpose of Disbursement: Staff Reimbursement <hr/> Activity or Event Identifier: Administrative	City	State	Zip Code	Category/ Type	Dunnellon	FL	34432-2827	Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">948864.41</div> <hr/> Date <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">M</td><td style="border: 1px solid black; padding: 2px;">M</td><td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td><td style="border: 1px solid black; padding: 2px;">D</td><td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y</td><td style="border: 1px solid black; padding: 2px;">Y</td><td style="border: 1px solid black; padding: 2px;">Y</td><td style="border: 1px solid black; padding: 2px;">Y</td> </tr> <tr> <td style="text-align: center;">0</td><td style="text-align: center;">9</td><td></td> <td style="text-align: center;">2</td><td style="text-align: center;">4</td><td></td> <td style="text-align: center;">2</td><td style="text-align: center;">0</td><td style="text-align: center;">1</td><td style="text-align: center;">0</td> </tr> </table> <b>Transaction ID:</b> D325308	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	4		2	0	1	0
City	State	Zip Code	Category/ Type																									
Dunnellon	FL	34432-2827																										
M	M	/	D	D	/	Y	Y	Y	Y																			
0	9		2	4		2	0	1	0																			

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
97.51		366.80		464.31

<b>C. Full Name (Last, First, Middle Initial)</b> Ms. Karen L. Thurman <hr/> Mailing Address 9067 SW 190th Avenue Rd <hr/> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> <td rowspan="2" style="width:15%; text-align: center;">Category/ Type</td> </tr> <tr> <td>Dunnellon</td> <td>FL</td> <td>34432-2827</td> </tr> </table> <hr/> Purpose of Disbursement: Auto Travel <hr/> Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>	City	State	Zip Code	Category/ Type	Dunnellon	FL	34432-2827	Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">948864.41</div> <hr/> Date <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">M</td><td style="border: 1px solid black; padding: 2px;">M</td><td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td><td style="border: 1px solid black; padding: 2px;">D</td><td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y</td><td style="border: 1px solid black; padding: 2px;">Y</td><td style="border: 1px solid black; padding: 2px;">Y</td><td style="border: 1px solid black; padding: 2px;">Y</td> </tr> <tr> <td style="text-align: center;">0</td><td style="text-align: center;">9</td><td></td> <td style="text-align: center;">2</td><td style="text-align: center;">4</td><td></td> <td style="text-align: center;">2</td><td style="text-align: center;">0</td><td style="text-align: center;">1</td><td style="text-align: center;">0</td> </tr> </table> <b>Transaction ID:</b> D325309	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	4		2	0	1	0
City	State	Zip Code	Category/ Type																									
Dunnellon	FL	34432-2827																										
M	M	/	D	D	/	Y	Y	Y	Y																			
0	9		2	4		2	0	1	0																			

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
88.22		376.09		464.31

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
97.51		366.80		464.31

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A. Full Name (Last, First, Middle Initial)</b> Scott Arceneaux			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1544 Lorimier Rd			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%;">948864.41</div>	
City	State	Zip Code	Category/ Type	
Jacksonville	FL	32207-4240		
Purpose of Disbursement: Staff Reimbursement			Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; width: 100%;">09 / 30 / 2010</div>	
Activity or Event Identifier: Administrative			Transaction ID: D325997	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
152.25		572.75		725.00

<b>B. Full Name (Last, First, Middle Initial)</b> Polos on Park			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2626 E Park Ave			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%;">948864.41</div>	
City	State	Zip Code	Category/ Type	
Tallahassee	FL	32301-0802		
Purpose of Disbursement: Lodging			Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; width: 100%;">09 / 30 / 2010</div>	
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>			Transaction ID: D326001	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
152.25		572.75		725.00

<b>C. Full Name (Last, First, Middle Initial)</b> Gabrielle Ann Arcangeli			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 155 Whetherbine Way W			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%;">948864.41</div>	
City	State	Zip Code	Category/ Type	
Tallahassee	FL	32301-8538		
Purpose of Disbursement: Staff Reimbursement			Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; width: 100%;">09 / 30 / 2010</div>	
Activity or Event Identifier: Administrative			Transaction ID: D326009	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.05		22.74		28.79

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
158.30		595.49		753.79

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
Publix Super Markets, Inc.

Mailing Address  
P.O. 32009 PO Box 407

City State Zip Code  
Lakeland FL 33802-0407

Purpose of Disbursement:  
Admin Office Supplies

Activity or Event Identifier:  
Administrative  
**[MEMO ITEM]**

Type of Allocated Activity:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
948864.41

Date  /  /   
**Transaction ID:** D326011

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.47		23.32		28.79

**B. Full Name (Last, First, Middle Initial)**  
Tracy N Henderson

Mailing Address  
213 Young St

City State Zip Code  
Tallahassee FL 32301-5437

Purpose of Disbursement:  
Staff Reimbursement

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
948864.41

Date  /  /   
**Transaction ID:** D326014

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.63		17.44		22.07

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

Mailing Address  
1202 N Magnolia Dr

City State Zip Code  
Tallahassee FL 32308-4634

Purpose of Disbursement:  
Admin Office Supplies

Activity or Event Identifier:  
Administrative  
**[MEMO ITEM]**

Type of Allocated Activity:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
948864.41

Date  /  /   
**Transaction ID:** D326017

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.63		17.44		22.07

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.63		17.44		22.07

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A.** Full Name (Last, First, Middle Initial)  
Scott Arceneaux

Mailing Address  
1544 Lorimier Rd

City State Zip Code  
Jacksonville FL 32207-4240

Purpose of Disbursement:  
Staff Reimbursement

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

948864.41

Date 09 / 28 / 2010

Transaction ID: D326028

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
46.75		175.89		222.64

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

Mailing Address  
60 Mass. Ave.

City State Zip Code  
Washington DC 20005

Purpose of Disbursement:  
Auto Travel

Category/  
Type

Activity or Event Identifier:  
Administrative  
**[MEMO ITEM]**

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

948864.41

Date 09 / 28 / 2010

Transaction ID: D326029

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
18.80		70.71		89.51

**C.** Full Name (Last, First, Middle Initial)  
AT&T Mobility

Mailing Address  
PO Box 538695

City State Zip Code  
Atlanta GA 30353-8695

Purpose of Disbursement:  
Admin Cell Phone

Category/  
Type

Activity or Event Identifier:  
Administrative  
**[MEMO ITEM]**

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

948864.41

Date 09 / 30 / 2010

Transaction ID: D326030

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
27.96		105.17		133.13

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
46.75		175.89		222.64

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
24599.04	92736.98	117336.02