

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines Florida Sugar Cane League PAC

ADDRESS (number and street) Florida Sugar Cane League PAC 1301 Pennsylvania Ave NW Ste 401 Washington DC 20004

2. FEC IDENTIFICATION NUMBER C00012328 3. IS THIS REPORT X NEW (N) OR AMENDED (A)

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 Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Report for the: Post-Election, General, Runoff, Special

5. Covering Period 04 01 2009 through 06 30 2009

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 Ryan Weston

Signature of Treasurer Electronically Filed by Ryan Weston Date 07 01 2009

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

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

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

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name  
Florida Sugar Cane League PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		938.53
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	12338.53									
(c) Total Receipts (from Line 19) .....	34700.00	88100.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	47038.53	89038.53								
7. Total Disbursements (from Line 31) .....	38000.00	80000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	9038.53	9038.53								
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) .....	0.00									

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
Florida Sugar Cane League PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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) .....	33500.00	77900.00
(ii) Unitemized .....	200.00	200.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	33700.00	78100.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	1000.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	34700.00	88100.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	34700.00	88100.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	34700.00	88100.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	33000.00	75000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	5000.00	5000.00
(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)) .....	5000.00	5000.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	38000.00	80000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	38000.00	80000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 21

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) .....	34700.00	88100.00
34. Total Contribution Refunds (from Line 28(d)) .....	5000.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	29700.00	83100.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 21  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Paul R. Allen

Mailing Address PO Box 884

City State Zip Code  
Canal Point FL 33438-0884

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

Name of Employer Occupation  
R.C. Hatton, Inc. Farmer/Farm Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
MM / DD / YYYY  
06 / 01 / 2009

**Transaction ID:** AEAFO799DA46D4F8093E

Amount of Each Receipt this Period  
900.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Erik Blomqvist

Mailing Address 1 North Clematis St Suite 200

City State Zip Code  
West Palm Beach FL 33401-5551

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

Name of Employer Occupation  
Florida Crystals Corporation Vice President and Treasurer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2009

**Transaction ID:** ADF7831A230C744FA9F9

Amount of Each Receipt this Period  
5000.00

**C.**

Full Name (Last, First, Middle Initial)  
Gaston Cantens

Mailing Address 11750 SW 29th St

City State Zip Code  
Miami FL 33175-2413

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

Name of Employer Occupation  
Florida Crystals Corporation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2009

**Transaction ID:** AA82DDFF545DF45468BC

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10900.00**

**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 7 / 21  
(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)  
Florida Sugar Cane League PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. 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 Florida Crystals Corporation  
Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
05 / 14 / 2009

**Transaction ID:** A7DEEED76D3104B0CBF0

Amount of Each Receipt this Period  
5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Oscar Hernandez

Mailing Address 340 Brazilian Ave # 203

City State Zip Code  
Palm Beach FL 33480-4619

FEC ID number of contributing federal political committee. C

Name of Employer Florida Crystals Corporation  
Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
05 / 14 / 2009

**Transaction ID:** AE54495CF6C234097998

Amount of Each Receipt this Period  
5000.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Russell Kilpatrick

Mailing Address 1880 Kilpatrick Drive, NW

City State Zip Code  
Moore Haven FL 33471-8663

FEC ID number of contributing federal political committee. C

Name of Employer Kilpatrick Cane Partnership  
Occupation Farmer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
05 / 21 / 2009

**Transaction ID:** A09BA123160EF4F6BBFA

Amount of Each Receipt this Period  
2000.00

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

**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: (check only one)	PAGE 8 / 21
	<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)  
Florida Sugar Cane League PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Alberto Recio	Date of Receipt MM / DD / YYYY 06 / 04 / 2009
	Mailing Address PO Box 679	<b>Transaction ID:</b> A1D8EAC6C27F444C6A6C
	City State Zip Code Pahokee FL 33476-0679	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Osceola Farms Company Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Armando Tabernilla	Date of Receipt MM / DD / YYYY 06 / 04 / 2009
	Mailing Address 213 E. Lakewood Rd	<b>Transaction ID:</b> A909BC8FD80B04FD79FD
	City State Zip Code West Palm Beach FL 33405-3315	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Florida Crystals Corporation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Thomas Toms	Date of Receipt MM / DD / YYYY 05 / 18 / 2009
	Mailing Address PO Box 41	<b>Transaction ID:</b> A5657CBEE7A0B4981B8E
	City State Zip Code Moore Haven FL 33471-0041	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation The Graham Farms Farm Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	10600.00
<b>TOTAL</b> This Period (last page this line number only) .....	33500.00



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 9 / 21	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<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) Florida Sugar Cane League PAC
--

A.

Full Name (Last, First, Middle Initial) LYKES PAC		Date of Receipt																				
Mailing Address LYKES PAC PO Box 300		<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>4</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		0	9		2	0	0	9													
City Tampa	State FL	Zip Code 33601																				
FEC ID number of contributing federal political committee. <b>C</b> C00330290		<b>Transaction ID:</b> AB93A94F2110946FA9BF																				
Name of Employer		Occupation																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period 1000.00																				
Aggregate Year-to-Date ▼ 1000.00																						

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 10 / 21

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

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ackerman for Congress <hr/> Mailing Address P.O. Box 15616, SE Station <hr/> City Washington State DC Zip Code 20003 Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Gary L. Ackerman Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B0480E3B6967A4663B62 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 9	
	Amount of Each Disbursement this Period <input type="text" value="500.00"/>	
	Category/ Type <input type="text"/>	
	Full Name (Last, First, Middle Initial) Adrian Smith for Congress <hr/> Mailing Address Adrian Smith for Congress 3321 Avenue I, Suite 6 <hr/> City Scottsbluff State NE Zip Code 69361 Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Adrian Smith Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B6C1E36B1B17A4D4892C Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 9
Amount of Each Disbursement this Period <input type="text" value="1000.00"/>		
Category/ Type <input type="text"/>	Full Name (Last, First, Middle Initial) Bill Cassidy for Congress <hr/> Mailing Address 8550 United Plaza Blvc, Ste 1001 <hr/> City Baton Rouge State LA Zip Code 70809 Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Bill Cassidy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B8C8A8EE6E6674AB6AE4 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 9
Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	Category/ Type <input type="text"/>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<input type="text" value="2500.00"/>
<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)

PAGE 11 / 21

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

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Bishop for Congress  Mailing Address Bishop for Congress P.O. Box 909  City Columbus State GA Zip Code 31902  Purpose of Disbursement <input type="text"/>  Candidate Name Rep. Sanford D. Bishop, Jr. Category/Type <input type="text"/>  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  State: GA District: 02	<b>Transaction ID:</b> BC8FFB01DF5964D178EA <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 9	
	Amount of Each Disbursement this Period <input type="text" value="500.00"/>	
	<b>B.</b> Full Name (Last, First, Middle Initial) Bob Etheridge for Congress Committee  Mailing Address Bob Etheridge for Congress Committ P.O. Box 28001  City Raleigh State NC Zip Code 27611  Purpose of Disbursement <input type="text"/>  Candidate Name Rep. Bob Etheridge Category/Type <input type="text"/>  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  State: NC District: 02	<b>Transaction ID:</b> BFB4008F30C264F90BE2 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 9
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	
<b>C.</b> Full Name (Last, First, Middle Initial) Braley for Congress  Mailing Address Braley for Congress 426 C Street, NE  City Washington State DC Zip Code 20002  Purpose of Disbursement <input type="text"/>  Candidate Name Rep. Bruce L. Braley Category/Type <input type="text"/>  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  State: IA District: 01	<b>Transaction ID:</b> BA2926D149FA548FF97E <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 9	
Amount of Each Disbursement this Period <input type="text" value="500.00"/>		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<input type="text" value="2000.00"/>
<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)

PAGE 12 / 21

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

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Campaign for Change <hr/> Mailing Address 332 Victory Rd, Suite 2R <hr/> City Quincy State MA Zip Code 02171 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B0214959005FE4EA683A Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Childers for Congress <hr/> Mailing Address PO Box 636 <hr/> City Annandale State VA Zip Code 22003 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Travis W. Childers <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MS District: 01	Transaction ID: B284FBD54F9A54359A5B Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Citizens for Cochran <hr/> Mailing Address Citizens for Cochran P.O. Box 7183 <hr/> City Tupelo State MS Zip Code 38802 <hr/> Purpose of Disbursement <hr/> Candidate Name Sen. Thad Cochran <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MS District:	Transaction ID: B766C6FF31C9C41DBAE2 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2500.00
<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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Cummings for Congress Campaign Committee <hr/> Mailing Address Cummings for Congress Campaign Com PO Box 1631 <hr/> City Baltimore State MD Zip Code 21203 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Elijah E. Cummings Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type <input type="text"/>	<b>Transaction ID:</b> BD15F3D4B395F4215BBE <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period <input type="text" value="500.00"/>		
	<b>B.</b> Full Name (Last, First, Middle Initial) Duncan D. Hunter for Congress <hr/> Mailing Address 9340 Fuerte Dr, Suite 302 <hr/> City La Mesa State CA Zip Code 91941 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Duncan D. Hunter Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 52 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type <input type="text"/>	<b>Transaction ID:</b> B0E5FE80F6C0D4B45BD2 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	
		<b>C.</b> Full Name (Last, First, Middle Initial) Fleming for Congress <hr/> Mailing Address 2501 Wiscaonsin Avenue, NW #302 <hr/> City Washington State DC Zip Code 20007 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name John Fleming Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type <input type="text"/>	<b>Transaction ID:</b> B481878F0FB6C4EA88A1 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2500.00"/>
<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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends of Bennie Thompson</p> <p>Mailing Address Friends of Bennie Thompson 236 Mass Ave, NE, Ste 508</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Bennie G. Thompson Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MS District: 02</p>	<p><b>Transaction ID:</b> B926FDD70B2FB4FC993F <b>Date of Disbursement:</b> 04 / 22 / 2009</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends of Byron Dorgan</p> <p>Mailing Address Friends of Byron Dorgan 122 Maryland Ave., NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Sen. Byron L. Dorgan Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ND District:</p>	<p><b>Transaction ID:</b> B62F135202C054720B96 <b>Date of Disbursement:</b> 06 / 18 / 2009</p> <p>Amount of Each Disbursement this Period <input type="text" value="2000.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends of Cliff Stearns</p> <p>Mailing Address Friends of Cliff Stearns PO Box 308</p> <p>City Silver Springs State FL Zip Code 34489</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Cliff B. Stearns Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 06</p>	<p><b>Transaction ID:</b> BA9C4C4113D294C28B5A <b>Date of Disbursement:</b> 06 / 18 / 2009</p> <p>Amount of Each Disbursement this Period <input type="text" value="500.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3500.00"/>
<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)

PAGE 15 / 21

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

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Jason Chaffetz <hr/> Mailing Address 315 Westfield Circle <hr/> City Alpine State UT Zip Code 84004 <hr/> Purpose of Disbursement <hr/> Candidate Name Jason Chaffetz <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B7EBFCC0E70CD41F7B55 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Jim Clyburn <hr/> Mailing Address Friends of Jim Clyburn PO Box 12567 <hr/> City Columbia State SC Zip Code 29211 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. James E. Clyburn <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B9F03F9F22017478F870 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of John Boehner <hr/> Mailing Address Friends of John Boehner 7908 Cincinnati-Dayton Road, Suite <hr/> City West Chester State OH Zip Code 45069 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. John Boehner <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B92F76526ADA8463DB7E Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

4000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends of John Boehner</p> <p>Mailing Address Friends of John Boehner 7908 Cincinnati-Dayton Road, Suite</p> <p>City West Chester State OH Zip Code 45069</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. John Boehner Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B641D34FEBEB348B192C</p> <p>Date of Disbursement <input type="text"/> 06 / <input type="text"/> 18 / <input type="text"/> 2009</p> <p>Amount of Each Disbursement this Period <input type="text"/> 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends of John Tanner</p> <p>Mailing Address Friends of John Tanner 236 Massachusetts Avenue</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. John S. Tanner Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B8B4CB8D411D74197AEB</p> <p>Date of Disbursement <input type="text"/> 06 / <input type="text"/> 18 / <input type="text"/> 2009</p> <p>Amount of Each Disbursement this Period <input type="text"/> 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Gregg Harper for Congress</p> <p>Mailing Address 4349 Brook Drive</p> <p>City Jackson State MS Zip Code 39206</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Gregg Harper Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B81A42604453C41ADBC6</p> <p>Date of Disbursement <input type="text"/> 06 / <input type="text"/> 25 / <input type="text"/> 2009</p> <p>Amount of Each Disbursement this Period <input type="text"/> 1000.00</p>

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

3000.00

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Guthrie for Congress <hr/> Mailing Address 700 12th St, NW, Ste 700 <hr/> City Washington State DC Zip Code 20005 Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Brett Guthrie Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B3703F36CAC6E4E65B9F Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 9
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Hastings for Congress <hr/> Mailing Address Hastings for Congress P.O. Box 9352 <hr/> City Ft. Lauderdale State FL Zip Code 33310 Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Alcee L. Hastings Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 23 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BB94CB21C15D34C55985 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 9
	Amount of Each Disbursement this Period <input type="text" value="2000.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) John Bocchieri for Congress <hr/> Mailing Address 50 E Street SE, Suite 1 <hr/> City Washington State DC Zip Code 20003 Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. John Bocchieri Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B9FC6E21F292F4B9DAD0 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<input type="text" value="4000.00"/>
<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)

PAGE 18 / 21

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

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

A.	Full Name (Last, First, Middle Initial) Kaptur for Congress	Transaction ID: B57132042068549A986E Date of Disbursement 04 / 28 / 2009
	Mailing Address Kaptur for Congress P.O. Box 899	Amount of Each Disbursement this Period 500.00
	City: Toledo State: OH Zip Code: 43697	
	Purpose of Disbursement	Category/Type
	Candidate Name Rep. Marcy Kaptur	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 09	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Latham for Congress	Transaction ID: B5D40A956877C4456A43 Date of Disbursement 04 / 13 / 2009
	Mailing Address Latham for Congress PO Box 71	Amount of Each Disbursement this Period 1000.00
	City: Clarion State: IA Zip Code: 50525	
	Purpose of Disbursement	Category/Type
	Candidate Name Rep. Tom Latham	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Lincoln Davis for Congress	Transaction ID: B19702DBD9374488A86A Date of Disbursement 04 / 21 / 2009
	Mailing Address 236 Mass Ave, NE Suite 508	Amount of Each Disbursement this Period 500.00
	City: Washington State: DC Zip Code: 20002	
	Purpose of Disbursement	Category/Type
	Candidate Name Rep. Lincoln Davis	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2000.00
<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 19 / 21

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

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Nadler for Congress</p> <p>Mailing Address Nadler for Congress PO Box 40</p> <p>City New York State NY Zip Code 10014</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Jerrold Nadler <input type="text"/> Category/Type</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B0040FF72F47642658E5</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period <input type="text" value="500.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Rodney Alexander for Congress</p> <p>Mailing Address Rodney Alexander for Congress 611 Pennsylvania Ave, SE #367</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Rodney Alexander <input type="text"/> Category/Type</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B8193CE7979F945B5B6A</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period <input type="text" value="500.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Schock for Congress</p> <p>Mailing Address 209 Pennsylvania Ave, SE, Ste 229D</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Aaron Schock <input type="text"/> Category/Type</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B2774D677A2CA45C890B</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="2000.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Simpson for Congress <hr/> Mailing Address 7849 Middy Lane <hr/> City Alexandria State VA Zip Code 22306 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Mike K. Simpson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type <input type="text"/>	<b>Transaction ID:</b> BFB5DC0450181425E9C6 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 9	
	Amount of Each Disbursement this Period <input type="text" value="2000.00"/>	
	<b>B.</b> Full Name (Last, First, Middle Initial) The Good Fund <hr/> Mailing Address P.O. Box 3404 <hr/> City Alexandria State VA Zip Code 22302 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type <input type="text"/>	<b>Transaction ID:</b> BAD92C594F3334A99883 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 9
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	
<b>C.</b> Full Name (Last, First, Middle Initial) The Richard Burr Committee <hr/> Mailing Address The Richard Burr Committee Post Office Box 5928 <hr/> City Winston-Salem State NC Zip Code 27113 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Sen. Richard Burr <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type <input type="text"/>	<b>Transaction ID:</b> B2BDAD7318D784E76A8E <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 9	
Amount of Each Disbursement this Period <input type="text" value="2000.00"/>		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="33000.00"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 21

<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 checked="" 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)  
Florida Sugar Cane League PAC

A.

Full Name (Last, First, Middle Initial)  
Gaston Cantens

Mailing Address 11750 SW 29th St

City State Zip Code  
Miami FL 33175-2413

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: BF3984CAC9D9048F3A21

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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