

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 65
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Mark Gilbert		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6	
Mailing Address 39 White Pine Canyon Road		<b>Transaction ID:</b> 11 ai-000064629	
City State Zip Code Park City UT 84060	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Lehman Brothers	Occupation Investments		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Michael J. Echevarria		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6	
Mailing Address 9119 Corporate Lake Drive Suite 300		<b>Transaction ID:</b> 11 ai-000064631	
City State Zip Code Tampa FL 33634	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Echevarria & Associates, P.A.	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Alvin R. Carpenter		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6	
Mailing Address 12440 Mandarin Road		<b>Transaction ID:</b> 11 ai-000064632	
City State Zip Code Jacksonville FL 32223-1817	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	