

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 Congressional Committee

ADDRESS (number and street) 5821 Hollywood Blvd
Suite 200
 Check if different than previously reported. (ACC)
Hollywood FL 33021

2. **FEC IDENTIFICATION NUMBER** C00127811
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

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

5. Covering Period 07 01 2007 through 12 31 2007

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 Stephen Fiske

Signature of Treasurer Electronically Filed by Stephen Fiske Date 04 13 2008

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							
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FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Florida Congressional Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		26753.55
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	68153.55									
(c) Total Receipts (from Line 19)	31580.00	104080.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	99733.55	130833.55								
7. Total Disbursements (from Line 31)	49091.60	80191.60								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	50641.95	50641.95								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Florida Congressional Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	31400.00	103900.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	180.00	180.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	31580.00	104080.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	31580.00	104080.00
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))	31580.00	104080.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	31580.00	104080.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2591.60	3191.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	2591.60	3191.60
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	46500.00	77000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	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))..	49091.60	80191.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	49091.60	80191.60

DETAILED SUMMARY PAGE
of Disbursements

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	31580.00	104080.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31580.00	104080.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2591.60	3191.60
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2591.60	3191.60

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 18
(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)
Florida Congressional Committee

A. Full Name (Last, First, Middle Initial)
Leon Falic

Mailing Address 6100 Hollywood Blvd

City State Zip Code
Hollywood FL 33024

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Import/Export Business

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 20 / 2007

Transaction ID: SA11AI.4340

Amount of Each Receipt this Period 2500.00

Membership Dues

B. Full Name (Last, First, Middle Initial)
Simon Falic

Mailing Address 6100 Hollywood Blvd

City State Zip Code
Hollywood FL 33024

FEC ID number of contributing federal political committee. C

Name of Employer Duty Free America Occupation Import/Export Business Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 21 / 2007

Transaction ID: SA11AI.4341

Amount of Each Receipt this Period 2500.00

Membership Dues

C. Full Name (Last, First, Middle Initial)
Mario Grosfeld

Mailing Address 18205 Biscayne Blvd.

City State Zip Code
Aventura FL 33160

FEC ID number of contributing federal political committee. C

Name of Employer Mario Grosfeld Occupation Developer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 01 / 2007

Transaction ID: SA11AI.4346

Amount of Each Receipt this Period 1000.00

Membership Dues

SUBTOTAL of Receipts This Page (optional) 6000.00

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 / 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

<p>A. Full Name (Last, First, Middle Initial) Alex Halberstein</p> <p>Mailing Address 1170-B E. Hallandale Beach Blvd.</p> <p>City State Zip Code Hallandale Beach FL 33009</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer none Occupation Retired Banker</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 5000.00</p>	<p>Date of Receipt 08 / 02 / 2007</p> <p>Transaction ID: SA11AI.4102</p> <p>Amount of Each Receipt this Period 5000.00</p> <p>Membership Dues</p>
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<p>B. Full Name (Last, First, Middle Initial) Jeff Herman</p> <p>Mailing Address 18205 Biscayne Blvd</p> <p>City State Zip Code Miami FL 33160</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Jeffrey herman Occupation Attorney</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2500.00</p>	<p>Date of Receipt 10 / 22 / 2007</p> <p>Transaction ID: SA11AI.4342</p> <p>Amount of Each Receipt this Period 2500.00</p> <p>Membership Dues</p>
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<p>C. Full Name (Last, First, Middle Initial) Bruce Jacobs</p> <p>Mailing Address 16300 NE 19th Ave</p> <p>City State Zip Code North Miami Beach FL 33162</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Wedderburn and jacobs PA Occupation Attorney</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt 10 / 30 / 2007</p> <p>Transaction ID: SA11AI.4348</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Membership Dues</p>
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SUBTOTAL of Receipts This Page (optional)	8000.00
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 8 / 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

A. Full Name (Last, First, Middle Initial)
Paul Kruss

Mailing Address 1000 E. Island Blvd.

City State Zip Code
Aventura FL 33160

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Paul Kruss Restaurateur

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 24 / 2007
Transaction ID: SA11AI.4126

Amount of Each Receipt this Period 1000.00

Membership Dues

B. Full Name (Last, First, Middle Initial)
Jorge Linkewer

Mailing Address 18205 Biscayne Blvd

City State Zip Code
Aventura FL 33160

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Jorge Linkewer, Architect Inc Architect

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 30 / 2007
Transaction ID: SA11AI.4350

Amount of Each Receipt this Period 1000.00

Membership Dues

C. Full Name (Last, First, Middle Initial)
Gary Mars

Mailing Address 20011 NE 22nd Ave

City State Zip Code
North Miami Beach FL 33180

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Hyman Specter & mars PA Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 01 / 2007
Transaction ID: SA11AI.4352

Amount of Each Receipt this Period 500.00

Membership Dues

SUBTOTAL of Receipts This Page (optional) 2500.00

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 9 / 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

A.	Full Name (Last, First, Middle Initial) Glenn Moses		Date of Receipt
	Mailing Address 3201 NE 183rd Apt. 607		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 25 / 2007
	City	State	Zip Code
	Aventura	FL	33160
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4106
Name of Employer Genovese Joblove and Battista		Occupation Lawyer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
			Membership Dues

B.	Full Name (Last, First, Middle Initial) Rob Moskovitz		Date of Receipt
	Mailing Address 1436 Presidential Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 03 / 2007
	City	State	Zip Code
	North Miami Beach	FL	33179
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4354
Name of Employer ROK enterprises		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
			Membership Dues

C.	Full Name (Last, First, Middle Initial) Eli Papir		Date of Receipt
	Mailing Address 1971 NE 191st Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 06 / 2007
	City	State	Zip Code
	North Miami Beach	FL	33179
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4104
Name of Employer Darnel Fabrics		Occupation Textile Business	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
			Membership Dues

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2500.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

A. Full Name (Last, First, Middle Initial)
Kevin Rader

Mailing Address 23173 Boca Club Colony Circle

City State Zip Code
Boca Raton FL 33433

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

Name of Employer Occupation
Rader Insurance Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2007

Transaction ID: SA11AI.4100

Amount of Each Receipt this Period
1000.00

Membership Dues

B. Full Name (Last, First, Middle Initial)
Forrest Raffel

Mailing Address 9999 NE 2nd Ave.

City State Zip Code
Miami Shores FL 33138

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

Name of Employer Occupation
Raffel Investments Corp Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2007

Transaction ID: SA11AI.4356

Amount of Each Receipt this Period
1000.00

Membership Dues

C. Full Name (Last, First, Middle Initial)
Stanley Tate

Mailing Address 1175 NE 125th Street

City State Zip Code
North Miami FL 33161

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

Name of Employer Occupation
Stanley Tate Builders Contractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
07 / 02 / 2007

Transaction ID: SA11AI.4359

Amount of Each Receipt this Period
2000.00

Membership Dues

SUBTOTAL of Receipts This Page (optional) ► **4000.00**

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 11 / 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Florida Congressional Committee

A.	Full Name (Last, First, Middle Initial) Mark Vogel	Date of Receipt MM / DD / YYYY 12 / 20 / 2007
	Mailing Address 4000 Hollywood Blvd	Transaction ID: SA11AI.4361
	City State Zip Code Hollywood FL 33021	Amount of Each Receipt this Period 900.00
	FEC ID number of contributing federal political committee. C	Membership Dues
	Name of Employer Mark Vogel PA Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00

B.	Full Name (Last, First, Middle Initial) Avi Weintraub	Date of Receipt MM / DD / YYYY 10 / 02 / 2007
	Mailing Address 7760 West 20th Ave	Transaction ID: SA11AI.4363
	City State Zip Code Hialeah FL 33016	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Membership Dues
	Name of Employer Avi Weintraub Occupation Developer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

C.	Full Name (Last, First, Middle Initial) Nicholas Wigoda	Date of Receipt MM / DD / YYYY 11 / 04 / 2007
	Mailing Address 4040 N Bay Shore Drive	Transaction ID: SA11AI.4365
	City State Zip Code North Miami FL 33181	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Membership Dues
	Name of Employer RPC Diversified Holdings Occupation Realtor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

SUBTOTAL of Receipts This Page (optional)	2400.00
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 12 / 18
(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 Congressional Committee

A.

Full Name (Last, First, Middle Initial)
Idel Woldenberg

Mailing Address 276 Bal Cross Drive

City State Zip Code
Bal Harbour FL 33154

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

Name of Employer
Idel Woldenberg

Occupation
Steel Manufacturer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
10 / 22 / 2007

Transaction ID: SA11AI.4344

Amount of Each Receipt this Period
2500.00

Membership Dues

B.

Full Name (Last, First, Middle Initial)
Jorge Woldenberg

Mailing Address 276 Bal Cross Drive

City State Zip Code
Bal Harbour FL 33154

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

Name of Employer
Jorge Woldenberg

Occupation
Steel Manufacturer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2007

Transaction ID: SA11AI.4098

Amount of Each Receipt this Period
2500.00

Membership Dues

C.

Full Name (Last, First, Middle Initial)
Arnold Wolf

Mailing Address 11430 N. Bay Shore Drive

City State Zip Code
North Miami FL 33181

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

Name of Employer
Herman Electornics

Occupation
Electronics Distributor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
11 / 20 / 2007

Transaction ID: SA11AI.4370

Amount of Each Receipt this Period
1000.00

Membership Dues

SUBTOTAL of Receipts This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	31400.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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)
Florida Congressional Committee

<p>A. Full Name (Last, First, Middle Initial) Asaf Ben-David</p> <p>Mailing Address 4212 Grant Street</p> <p>City Hollywood State FL Zip Code 33021</p> <p>Purpose of Disbursement Logo Design</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>Transaction ID: SB21B.4162</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="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="300.00"/></p> <p>Category/Type: <input type="text" value="006"/></p>
<p>B. Full Name (Last, First, Middle Initial) Julia Estevez</p> <p>Mailing Address 9999 NE 2nd Ave</p> <p>City Miami Shores State FL Zip Code 33138</p> <p>Purpose of Disbursement Quarterly Admin Fee</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>Transaction ID: SB21B.4189</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="300.00"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p>C. Full Name (Last, First, Middle Initial) MTG Web</p> <p>Mailing Address 3810 Legner Street</p> <p>City Plano State IL Zip Code 60545</p> <p>Purpose of Disbursement Website Setup and Design</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>Transaction ID: SB21B.4157</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1300.00"/></p> <p>Category/Type: <input type="text" value="004"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1900.00"/>
TOTAL 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 14 / 18

<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)
Florida Congressional Committee

A.

Full Name (Last, First, Middle Initial)
MTG Web

Mailing Address 3810 Legner Street

City State Zip Code
Plano IL 60545

Purpose of Disbursement
Web Maintenance

Candidate Name

004
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4188

Date of Disbursement

10 / 02 / 2007

Amount of Each Disbursement this Period

434.40

SUBTOTAL of Disbursements This Page (optional)

434.40

TOTAL This Period (last page this line number only)

2334.40

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 Congressional Committee

A.	Full Name (Last, First, Middle Initial) COLEMAN FOR SENATE 08	Transaction ID: SB23.4143 Date of Disbursement
	Mailing Address 680 TRANSFER ROAD, SUITE A	<input type="text" value="09"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City SAINT PAUL State MN Zip Code 55114	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="5000.00"/>
	Candidate Name NORM COLEMAN	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary

B.	Full Name (Last, First, Middle Initial) COLEMAN FOR SENATE 08	Transaction ID: SB23.4191 Date of Disbursement
	Mailing Address 680 TRANSFER ROAD, SUITE A	<input type="text" value="10"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City SAINT PAUL State MN Zip Code 55114	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="2500.00"/>
	Candidate Name NORM COLEMAN	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) COLEMAN FOR SENATE 08	Transaction ID: SB23.4192 Date of Disbursement
	Mailing Address 680 TRANSFER ROAD, SUITE A	<input type="text" value="10"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City SAINT PAUL State MN Zip Code 55114	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="2500.00"/>
	Candidate Name NORM COLEMAN	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="10000.00"/>
TOTAL 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 Congressional Committee

A.

Full Name (Last, First, Middle Initial)
HASTINGS FOR CONGRESS

Transaction ID: SB23.4193
Date of Disbursement

Mailing Address P.O. BOX 100277

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

City State Zip Code
FT. LAUDERDALE FL 33310

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name
ALCEE L HASTINGS

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: FL District: 23

B.

Full Name (Last, First, Middle Initial)
HOYER FOR CONGRESS

Transaction ID: SB23.4197
Date of Disbursement

Mailing Address 7905 MALCOLM ROAD SUITE 102

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

City State Zip Code
CLINTON MD 20735

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name
STENY HAMILTON HOYER

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: MD District: 05

C.

Full Name (Last, First, Middle Initial)
LINCOLN DIAZ-BALART FOR CONGRESS

Transaction ID: SB23.4146
Date of Disbursement

Mailing Address 95 Merrick Way Suite 250

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

City State Zip Code
Coral Gables FL 33134

Amount of Each Disbursement this Period

4000.00

Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name
LINCOLN DIAZ-BALART

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: FL District: 21

SUBTOTAL of Disbursements This Page (optional)

14000.00

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 Congressional Committee

A. Full Name (Last, First, Middle Initial)
ROBERT WEXLER FOR CONGRESS COMMITTEE

Mailing Address Post Office Box 810669

City State Zip Code
Boca Raton FL 33431

Purpose of Disbursement
Political Contribution

Candidate Name
ROBERT WEXLER

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: FL District: 19

Transaction ID: SB23.4376

Date of Disbursement

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

Amount of Each Disbursement this Period

5000.00

B. Full Name (Last, First, Middle Initial)
ROS-LEHTINEN FOR CONGRESS

Mailing Address P O Box 52-2784

City State Zip Code
MIAMI FL 33152

Purpose of Disbursement
Political Contribution

Candidate Name
ILEANA ROS-LEHTINEN

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: FL District: 18

Transaction ID: SB23.4108

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	4	/	2	0	0	7

Amount of Each Disbursement this Period

5000.00

C. Full Name (Last, First, Middle Initial)
SCHULTZ DEBBIE WASSERMAN

Mailing Address 1071 Twin Branch Ln

City State Zip Code
WESTON FL 33326

Purpose of Disbursement
Political Contribution

Candidate Name
DEBBIE WASSERMAN SCHULTZ

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼
Special-Primary

State: FL District: 20

Transaction ID: SB23.4384

Date of Disbursement

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

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ►

15000.00

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

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**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 / 18

<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 Congressional Committee

A. Full Name (Last, First, Middle Initial)
SCHULTZ DEBBIE WASSERMAN

Mailing Address 1071 Twin Branch Ln

City WESTON State FL Zip Code 33326

Purpose of Disbursement
Political Contribution

Candidate Name
DEBBIE WASSERMAN SCHULTZ

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: FL District: 20

Transaction ID: SB23.4405

Date of Disbursement

11 / 21 / 2007

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
TIM MAHONEY FOR FLORIDA

Mailing Address 4114 Northlake Blvd Ste 300

City Palm Beach Gardens State FL Zip Code 33410

Purpose of Disbursement
Political Contribution

Candidate Name
TIM MAHONEY

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: FL District: 16

Transaction ID: SB23.4388

Date of Disbursement

11 / 27 / 2007

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

46500.00