

# 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  
Check if different than previously reported. (ACC) Tallahassee FL 32302

2. **FEC IDENTIFICATION NUMBER** C00005561  
**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 (12S)  
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 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 10 20 2010

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)

A. Form/Schedule : **F3XN**

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>Y</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>	Y	Y	Y	Y	2	0	1	0		726822.32
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	1743587.86									
(c) Total Receipts (from Line 19) .....	1598393.13	4373131.90								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	3341980.99	5099954.22								
7. Total Disbursements (from Line 31) .....	1379940.17	3137913.40								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1962040.82	1962040.82								
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

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) .....	385732.90	1115351.35
(ii) Unitemized .....	6072.00	60724.25
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	391804.90	1175995.64
(b) Political Party Committees .....	585903.23	1114098.48
(c) Other Political Committees (such as PACs) .....	44402.00	130952.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	1022110.13	2421046.12
12. Transfers From Affiliated/Other Party Committees .....	159876.00	1040169.10
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.) .....	47.10	878.90
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	408883.85	870199.81
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	408883.85	870199.81
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	1598393.13	4373131.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1189509.28	3502932.09

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

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.....	25604.23	222446.54
(ii) Non-Federal Share.....	96773.96	929522.38
(b) Other Federal Operating Expenditures.....	1257561.98	1983294.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1379940.17	3135263.40
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).....	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	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.....	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))..	1379940.17	3137913.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1283166.21	2208391.02

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	1022110.13	2421046.12
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	2650.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1022110.13	2418396.12
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1283166.21	2205741.02
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	7476.05	39947.89
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1275690.16	2165793.13

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 278  
(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**

<p><b>A.</b> Full Name (Last, First, Middle Initial) S. Daniel Abraham</p> <p>Mailing Address 777 South Flagler Drive East Tower, Suite 1000</p> <p>City State Zip Code <b>West Palm Beach FL 33401</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) ▼</p> <p>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) ▼</p> <p>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) ▼</p> <p>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 / 278  
(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)  
Piyush C. Agrawal  
 Mailing Address 1625 Eagle Bnd  
 City State Zip Code  
 Weston FL 33327-1615  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 09 08 2010  
**Transaction ID:** C4777992  
 Amount of Each Receipt this Period  
 10000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Physician  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 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  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 09 17 2010  
**Transaction ID:** C4786165  
 Amount of Each Receipt this Period  
 5000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ABC Charters Travel Manager  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 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  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 09 16 2010  
**Transaction ID:** C4790986  
 Amount of Each Receipt this Period  
 5000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-employed Attorney  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 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 / 278  
(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 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 ▼  
3500.00

Date of Receipt  
09 / 29 / 2010

**Transaction ID:** C4804828

Amount of Each Receipt this Period  
2000.00

**B.**

Full Name (Last, First, Middle Initial)  
Pablo Best

Mailing Address 623 N. Federal Highway

City State Zip Code  
Pompano Beach FL 33060

FEC ID number of contributing federal political committee. C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
827.26

Date of Receipt  
09 / 16 / 2010

**Transaction ID:** C4961301

Amount of Each Receipt this Period  
827.26

**C.**

Full Name (Last, First, Middle Initial)  
Sabine Bittel

Mailing Address 801 Arthur Godfrey Rd

City State Zip Code  
Miami Beach FL 33140

FEC ID number of contributing federal political committee. C

Name of Employer  
Miami Beach Public Schools

Occupation  
Teacher

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
09 / 13 / 2010

**Transaction ID:** C4786179

Amount of Each Receipt this Period  
10000.00

**SUBTOTAL** of Receipts This Page (optional) ..... 12827.26

**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 10 / 278  
(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)  
Bridge PAC James E. Clyburn Honorary Chair

Mailing Address 499 S Capitol St SW  
Ste 422

City Washington State DC Zip Code 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 Y  
0 9 / 2 7 / 2 0 1 0

**Transaction ID:** C4799483

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
James Brookins

Mailing Address 6004 Windham PI

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

**Transaction ID:** C4799369

Amount of Each Receipt this Period  
5000.00

**C.** 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  
M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

**Transaction ID:** C4814082

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10025.00**

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 278  
(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)  
Lorenzo Cabrera

Mailing Address 9008 SW 214th St.

City State Zip Code  
Miami FL 33189

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

Name of Employer Occupation  
Cabrera Services President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 6000.00

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

**Transaction ID:** C4923475

Amount of Each Receipt this Period  
6000.00

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

Mailing Address 269 NW 7th St  
Apt 219

City State Zip Code  
Miami FL 33136-3903

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

Name of Employer Occupation  
Haitian America Association Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

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

**Transaction ID:** C4780015

Amount of Each Receipt this Period  
10000.00

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

Mailing Address PO Box 381255

City State Zip Code  
Miami FL 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  
MM / DD / YYYY  
09 / 03 / 2010

**Transaction ID:** C4772947

Amount of Each Receipt this Period  
1500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 17500.00

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

C. 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 / 278

(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)  
Robert Carraway

Mailing Address 7250 Spring Mountain Ln

City State Zip Code  
Yalaha FL 34797-3098

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

Name of Employer Occupation  
University of Massasuchetts Professor

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2010

Transaction ID: C4799450

Amount of Each Receipt this Period

500.00

**B.**

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

Mailing Address 5820 Blue Lagoon Dr., Suite 125

City State Zip Code  
Miami FL 33125

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

Name of Employer Occupation  
Gimenez & Carrillo, LLC Attorney

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

Date of Receipt

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

Transaction ID: C4923474

Amount of Each Receipt this Period

2500.00

**C.**

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

Mailing Address 500 E University Ave  
Ste C

City State Zip Code  
Gainesville FL 32601-3458

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

Name of Employer Occupation  
The Chestnut Law Firm Attorney

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

Date of Receipt

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

Transaction ID: C4814122

Amount of Each Receipt this Period

1000.00

**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 14 / 278
	<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)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b>	Full Name (Last, First, Middle Initial) Arthur Collins		Date of Receipt
	Mailing Address 3911 Lorcom Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 17 / 2010
	City	State	Zip Code
	Arlington	VA	22207
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> C4923467
Name of Employer Public Private Partnershi- p, Inc.		Occupation Political Strategist	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"/> 10000.00
		<input type="text"/> 10000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Sara Dassance		Date of Receipt
	Mailing Address 1757 SE 5th Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 23 / 2010
	City	State	Zip Code
	Ocala	FL	34471
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> C4923518
Name of Employer Retired		Occupation Retired	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"/> 250.00
		<input type="text"/> 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Arlen Dominek		Date of Receipt
	Mailing Address 50 East Road, No 2g		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 23 / 2010
	City	State	Zip Code
	Delray Beach	FL	33483
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> C4791020
Name of Employer Peer Consulting		Occupation Consultant	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"/> 2000.00
		<input type="text"/> 2025.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 12250.00
<b>TOTAL</b> 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 15 / 278  
(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)  
Sean Domnick  
 Mailing Address 5100 PGA Boulevard Suite 317  
 City State Zip Code  
 Palm Beach Gardens FL 33418  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 23 / 2010  
**Transaction ID:** C4923525  
 Amount of Each Receipt this Period  
 7700.00  
 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

**B.** Full Name (Last, First, Middle Initial)  
Sally Katzen Dyk  
 Mailing Address 4638 30th St NW  
 City State Zip Code  
 Washington DC 20008-2127  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 08 / 2010  
**Transaction ID:** C4777988  
 Amount of Each Receipt this Period  
 5000.00  
 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

**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  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 13 / 2010  
**Transaction ID:** C4786173  
 Amount of Each Receipt this Period  
 5000.00  
 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

**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 / 278  
(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		Date of Receipt MM / DD / YYYY 09 / 16 / 2010
Mailing Address 5333 Collins Avenue #1106		Transaction ID: C4923485
City Miami Beach	State FL	Zip Code 33140
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
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 ▼ 505.00	

**B.**

Full Name (Last, First, Middle Initial) Ronald Esserman		Date of Receipt MM / DD / YYYY 09 / 08 / 2010
Mailing Address 10455 NW 12th St		Transaction ID: C4777995
City Doral	State FL	Zip Code 33172-2736
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 4000.00
Name of Employer Self-Employed	Occupation Car Dealer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	

**C.**

Full Name (Last, First, Middle Initial) Andres B. Fanjul		Date of Receipt MM / DD / YYYY 09 / 17 / 2010
Mailing Address 109 Wells Rd		Transaction ID: C4923501
City Palm Beach	State FL	Zip Code 33480-3622
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10000.00
Name of Employer Florida Crystals	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	14050.00
<b>TOTAL</b> 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 / 278  
(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)  
 Cathie Fanjul  
 Mailing Address 109 Wells Road  
 City State Zip Code  
 Palm Beach FL 33480  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 17 / 2010  
**Transaction ID:** C4923468  
 Amount of Each Receipt this Period  
 10000.00  
 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

**B.** Full Name (Last, First, Middle Initial)  
 Lillian F. Fernandez  
 Mailing Address 246 Eden Rd  
 City State Zip Code  
 Palm Beach FL 33480-3316  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 16 / 2010  
**Transaction ID:** C4923494  
 Amount of Each Receipt this Period  
 10000.00  
 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

**C.** Full Name (Last, First, Middle Initial)  
 Luis Fernandez  
 Mailing Address 246 Eden Rd  
 City State Zip Code  
 Palm Beach FL 33480-3316  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 16 / 2010  
**Transaction ID:** C4923495  
 Amount of Each Receipt this Period  
 10000.00  
 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

**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 / 278  
(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)

Rida Friedkin

Mailing Address PO Box 126100

City State Zip Code  
Hialeah FL 33012-1601

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

Name of Employer Occupation  
Self-employed Self-employed

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 10000.00

Date of Receipt

M M / D D / Y Y Y Y  
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 State Zip Code  
Miami FL 33133-5417

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

Name of Employer Occupation  
greenstreet partners managing director

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 10000.00

Date of Receipt

M M / D D / Y Y Y Y  
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 State Zip Code  
Saint Petersburg FL 33703-3136

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

Name of Employer Occupation  
State of Florida 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  
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 / 278

(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)  
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 Occupation  
State of Florida State Representative

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 16 / 2010

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 Occupation  
Miami Dade County Commission County Commissioner

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: C4786164

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Donald Hinkle

Mailing Address 3710 Bobbin Mill Road

City State Zip Code  
Tallahassee FL 32312

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

Name of Employer Occupation  
Hinkle Foran Attorney

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 20 / 2010

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 / 278

(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)

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 Occupation  
Self-employed Attorney

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 8 / 2 0 1 0

Transaction ID: C4799384

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

I.B.E.W. Educational Committee

Mailing Address 900 7th St NW

City State Zip Code  
Washington DC 20001-3886

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

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 10000.00

Date of Receipt

M M / D D / 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)

John Jacob

Mailing Address 2525 1st Street

City State Zip Code  
Fort Myers FL 33901

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

Name of Employer Occupation  
Retired retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1943.00

Date of Receipt

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

Transaction ID: C4791004

Amount of Each Receipt this Period

1943.00

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

7193.00

**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 / 278  
(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)  
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  

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

**Transaction ID:** C4923470

Amount of Each Receipt this Period  
500.00

**B.** 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  
Information Requested      Occupation  
Information Requested

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:** C4961855

Amount of Each Receipt this Period  
10000.00

**C.** 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  

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

**Transaction ID:** C4777885

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **11500.00**

**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 / 278  
(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)  
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  
MM / DD / YYYY  
09 / 20 / 2010

**Transaction ID:** C4791025

Amount of Each Receipt this Period  
2500.00

**B.**

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 JP Morgan Chase Occupation managing director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 7500.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2010

**Transaction ID:** C4814130

Amount of Each Receipt this Period  
7500.00

**C.**

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

Mailing Address 10110 Whippoorwill Ln

City State Zip Code  
Jacksonville FL 32256

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

Name of Employer Heart & Vessell Care Occupation Doctor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

**Transaction ID:** C4795785

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 23 / 278  
(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)  
Deirdre Kyle  
Mailing Address 14816 Amelia View Dr  
City Jacksonville State FL Zip Code 32226-4461  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation Consultant  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00  
Date of Receipt 09 / 14 / 2010  
Transaction ID: C4780021  
Amount of Each Receipt this Period 2500.00

**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: C4789318  
Amount of Each Receipt this Period 5000.00

**C.** 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

**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 24 / 278  
(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)  
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

**B.**

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

**C.**

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

Mailing Address PO Box 280

City Eagle Lake State FL Zip Code 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 09 / 09 / 2010

Transaction ID: C4777947

Amount of Each Receipt this Period 1000.00

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

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

C. Form/Schedule : **SA11AI**  
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 A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 26 / 278  
(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)  
Norma Gene Lykes  
Mailing Address 34 Adalia Ave  
City Tampa State FL Zip Code 33606-2938  
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

**B.** Full Name (Last, First, Middle Initial)  
Stephen Marino  
Mailing Address 100 SE 2nd St Ste 2150  
City Miami State FL Zip Code 33131-2151  
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

**C.** 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

**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 27 / 278  
(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)  
Roger Medel  
Mailing Address 3035 Sorrel Ct  
City Weston State FL Zip Code 33331-3006  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Pediatrician 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

**B.** Full Name (Last, First, Middle Initial)  
Alan Meltzer  
Mailing Address 6500 Rock Spring Drive, Suite 500  
City Bethesda State MD Zip Code 20817  
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

**C.** Full Name (Last, First, Middle Initial)  
Sara Morgan  
Mailing Address 2121 Kirby Drive, #99  
City Houston State TX Zip Code 77019  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Unemployed Occupation: Unemployed  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt: 09 / 01 / 2010  
Transaction ID: C4923400  
Amount of Each Receipt this Period: 5000.00

**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 28 / 278  
(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)  
Padro Munilla

Mailing Address 6201 SW 70th St

City State Zip Code  
Miami FL 33413

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

Name of Employer Executive Occupation 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

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

Mailing Address 330 Casuarina Concourse

City State Zip Code  
Coral Gables FL 33143

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

Name of Employer Self Occupation 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

**C.** Full Name (Last, First, Middle Initial)  
Linda F Murphy

Mailing Address 3575 Battersea Rd

City State Zip Code  
Miami FL 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  
MM / DD / YYYY  
09 / 17 / 2010

**Transaction ID:** C4786182

Amount of Each Receipt this Period  
1000.00

**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 / 278

(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)  
Merry T O'Donnell

Mailing Address 431 N Lyra Cir

City	State	Zip Code
Juno Beach	FL	33408-1901

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

Name of Employer retired	Occupation None
-----------------------------	--------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00
---	-------------------------------------

Date of Receipt

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

Transaction ID: C4786184

Amount of Each Receipt this Period  
3000.00

B.

Full Name (Last, First, Middle Initial)  
John P. Ottino, III

Mailing Address 5561 Oakview Ter

City	State	Zip Code
Fort Lauderdale	FL	33312-6268

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

Name of Employer The Berkley Group	Occupation Real Estate Developer
---------------------------------------	-------------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00
---	-------------------------------------

Date of Receipt

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

Transaction ID: C4786183

Amount of Each Receipt this Period  
5000.00

C.

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 Attorney	Occupation Parks & Crump LLC
------------------------------	---------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00
---	-------------------------------------

Date of Receipt

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

Transaction ID: C4786175

Amount of Each Receipt this Period  
5000.00

SUBTOTAL of Receipts This Page (optional) ▶

13000.00

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 / 278

(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 Parks

Mailing Address 240 N. Magnolia Drive

City State Zip Code  
Tallahassee FL 32301

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

**B.**

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

**C.**

Full Name (Last, First, Middle Initial)

Zoya Passalacqua

Mailing Address 4211 S Ocean Blvd  
Apt 3

City State Zip Code  
Highland Beach FL 33487-4243

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

Name of Employer Occupation  
Remax realtor

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 28 / 2010

Transaction ID: C4799377

Amount of Each Receipt this Period

1500.00

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

5000.00

**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 31 / 278

(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)  
Dennis Pastrana  
Mailing Address PO Box 352273

City State Zip Code  
Miami FL 33135-8273

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

Name of Employer Occupation  
Goodwill Industries CEO

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

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

Transaction ID: C4795786

Amount of Each Receipt this Period  
5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Ariel Pereda  
Mailing Address P.O. Box 551073

City State Zip Code  
Ft. Lauderdale FL 33355

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

Name of Employer Occupation  
Pereda & Associates Corp. President

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 25 / 2010

Transaction ID: C4923541

Amount of Each Receipt this Period  
2500.00

**C.**

Full Name (Last, First, Middle Initial)  
Prairie Political Action Committee  
Mailing Address 53 W Jackson Blvd  
Ste 1626

City State Zip Code  
Chicago IL 60604-3740

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 Y  
09 / 27 / 2010

Transaction ID: C4799477

Amount of Each Receipt this Period  
5000.00

**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 32 / 278  
(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  
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 33 / 278

(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)  
Gilbert Lee Sandler

Mailing Address 5200 Blue Lagoon Dr

City State Zip Code  
Miami FL 33126

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

Name of Employer  
Sandler, Travis & Rosenber  
rg

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  
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  
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  
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 34 / 278

(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)  
Jerry Sokol

Mailing Address 437 N Hibiscus Dr

City State Zip Code  
Miami Beach FL 33139-5125

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

Name of Employer Occupation  
mcdermont, will and emery Attorney

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

Date of Receipt

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

Transaction ID: C4799739

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Jeffrey Solomon

Mailing Address 13865 S. Dixie Hw.  
Suite 307

City State Zip Code  
Miami FL 33176

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

Name of Employer Occupation  
Self Chiropractor

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 450.00

Date of Receipt

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

Transaction ID: C4923482

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Southern Wine And Spirits PAC

Mailing Address 1600 NW 163rd St

City State Zip Code  
Miami FL 33169-5641

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

Name of Employer Occupation

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 08 / 2010

Transaction ID: C4777991

Amount of Each Receipt this Period  
5000.00

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

6050.00

**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 / 278  
(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)  
Christopher Spock

Mailing Address 123 York St  
Apt 10G

City State Zip Code  
New Haven CT 06511-5624

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

Name of Employer Self-employed Occupation  
Self-employed Dermatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

**Transaction ID:** C4799374

Amount of Each Receipt this Period  
400.00

**B.** 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  
Self-employed Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 03 / 2010

**Transaction ID:** C4777884

Amount of Each Receipt this Period  
5000.00

**C.** 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  
Attorney atty

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2010

**Transaction ID:** C4923492

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5650.00**

**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 36 / 278  
(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)  
Silvia Trujillo  
Mailing Address 14201 SW 130th Ave  
City Miami State FL Zip Code 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 09 / 28 / 2010  
Transaction ID: C4799438  
Amount of Each Receipt this Period 2500.00

**B.** Full Name (Last, First, Middle Initial)  
Bruce L Udolf, PA  
Mailing Address 3351 NW Boca Raton Blvd  
City Boca Raton State FL Zip Code 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 09 / 28 / 2010  
Transaction ID: C4799375  
Amount of Each Receipt this Period 1500.00

**C.** Full Name (Last, First, Middle Initial)  
Ward Wagner Jr  
Mailing Address PO BOX 369  
City Sapphire State NC Zip Code 28774  
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 09 / 23 / 2010  
Transaction ID: C4923530  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4250.00  
**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 37 / 278  
(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)  
 Amy Wall-Bobker  
 Mailing Address 2921 Medinah  
 City State Zip Code  
 Weston FL 33332  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 09 08 2010  
**Transaction ID: C4777993**  
 Amount of Each Receipt this Period  
 10000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Unisa America Executive  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 10000.00

**B.** Full Name (Last, First, Middle Initial)  
 William M. Webster, IV  
 Mailing Address 184 Mills Ave  
 City State Zip Code  
 Spartanburg SC 29302-1940  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 09 24 2010  
**Transaction ID: C4791016**  
 Amount of Each Receipt this Period  
 10000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Advance America Real Estate Development  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 10000.00

**C.** Full Name (Last, First, Middle Initial)  
 Frank White Jr.  
 Mailing Address 11747 Veirs Mill Road  
 City State Zip Code  
 Silver Spring MD 20902  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 09 27 2010  
**Transaction ID: C4799486**  
 Amount of Each Receipt this Period  
 3000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-employed Self-employed  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 23000.00  
**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 38 / 278  
(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Joe R Zednik		Date of Receipt
	Mailing Address 26920 Montego Pointe Ct		<input type="text" value="09"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Bonita Spgs	FL	34134
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Lakeshore Trading LLC		Occupation Retired	<b>Transaction ID: C4777883</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="10000.00"/>
		<input type="text" value="10000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="10000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="385732.90"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 278

(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 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 / 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 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 / 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 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 / 30 / 2010

Transaction ID: C4807063

Amount of Each Receipt this Period

73511.00

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

202447.00

**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 40 / 278

(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

Mailing Address 430 South Capitol Street, SE

City State Zip Code  
Washington DC 20003

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
544743.48

Date of Receipt

M M / D D / Y Y Y Y Y  
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

Mailing Address 430 South Capitol Street, SE

City State Zip Code  
Washington DC 20003

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
544743.48

Date of Receipt

M M / D D / Y Y Y Y Y  
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

Mailing Address 430 South Capitol Street, SE

City State Zip Code  
Washington DC 20003

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
544743.48

Date of Receipt

M M / D D / Y Y Y Y Y  
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 41 / 278  
(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 National Committee

Mailing Address 430 South Capitol Street, SE

City State Zip Code  
Washington DC 20003

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
544743.48

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	8	/	2	0	1	0

**Transaction ID:** C4922928

Amount of Each Receipt this Period  
325000.00

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

Mailing Address 430 South Capitol Street, SE

City State Zip Code  
Washington DC 20003

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
544743.48

Date of Receipt  

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

**Transaction ID:** C4958392

Amount of Each Receipt this Period  
14517.34

\* In-Kind: Payroll & Benefits

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>339517.34</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>585903.23</b>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 278

(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"/> 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)  
Castor For Congress

Mailing Address 301 W. Platt Street #385

City State Zip Code  
Tampa FL 33606

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

**B.**

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

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  
09 / 30 / 2010

Transaction ID: C4802554

Amount of Each Receipt this Period

4402.00

\* In-Kind: Salary & Benefits

**C.**

Full Name (Last, First, Middle Initial)  
The NEA Fund for Children & Public Education

Mailing Address 1201 16th Street, NW, Suite 421

City State Zip Code  
Washington DC 20036

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

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

Transaction ID: C4804830

Amount of Each Receipt this Period

5000.00

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

39402.00

**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 / 278  
 (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)  
UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNI

Mailing Address 1775 K STREET NW

City State Zip Code  
WASHINGTON DC 20006

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

Transaction ID: C4789327

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	44402.00

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

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

FOR LINE NUMBER: PAGE 44 / 278  
(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 / 13 / 2010  
Transaction ID: C4780085  
Amount of Each Receipt this Period 23825.00

**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 / 15 / 2010  
Transaction ID: C4780084  
Amount of Each Receipt this Period 54070.00

**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 / 17 / 2010  
Transaction ID: C4786137  
Amount of Each Receipt this Period 30000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 107895.00  
**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 45 / 278  
(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)  
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

**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 / 30 / 2010

**Transaction ID:** C4807062

Amount of Each Receipt this Period  
34600.00

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

Mailing Address 430 South Capitol Street, SE

City Washington State DC Zip Code 20003

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 544743.48

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	51981.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	159876.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 278

(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

M M / D D / Y Y Y Y  
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 North Monroe Street

City State Zip Code  
Tallahassee FL 32303

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

M M / D D / Y Y Y Y  
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 United States Treasury

City State Zip Code  
Austin TX 78714

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

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

Transaction ID: C4785918

Amount of Each Receipt this Period  
6671.93

SUBTOTAL of Receipts This Page (optional) ▶

7476.05

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

7476.05

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 278  
(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						

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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

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

Transaction ID: C4961327

Amount of Each Receipt this Period

47.10
-------

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	47.10
<b>TOTAL</b> This Period (last page this line number only) .....	▶	47.10

**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	
	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 P.O. Box 11025	Amount of Each Disbursement this Period 45.00
	City Lewiston State ME Zip Code 04243	
	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) Ramone Anderson	Transaction ID: D326576 Date of Disbursement 09 / 30 / 2010
	Mailing Address 2764 Tess Circle	Amount of Each Disbursement this Period 152.38
	City Tallahassee State FL Zip Code 32304	
	Purpose of Disbursement Salary	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) .....	443.38
<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: D326526 Date of Disbursement 09 / 30 / 2010
	Mailing Address 1505 Crystal Dr Apt 504	Amount of Each Disbursement this Period 831.03
	City Arlington State VA Zip Code 22202-4117	
	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) Gaston Araoz	Transaction ID: D324403 Date of Disbursement 09 / 15 / 2010
	Mailing Address 1505 Crystal Dr Apt 504	Amount of Each Disbursement this Period 689.48
	City Arlington State VA Zip Code 22202-4117	
	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) Gabrielle Ann Arcangeli	Transaction ID: D323424 Date of Disbursement 09 / 15 / 2010
	Mailing Address 1845 Bellevue Way Apt A 201	Amount of Each Disbursement this Period 1360.11
	City Tallahassee State FL Zip Code 32304-4163	
	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) .....	2880.62
<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) Gabrielle Ann Arcangeli</p> <p>Mailing Address 1845 Bellevue Way Apt A 201</p> <p>City Tallahassee State FL Zip Code 32304-4163</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> D326723 <b>Date of Disbursement</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1360.10</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Scott Arceneaux</p> <p>Mailing Address 1544 Lorimier Road</p> <p>City Jacksonville State FL Zip Code 32207</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> D326708 <b>Date of Disbursement</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 4232.09</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Scott Arceneaux</p> <p>Mailing Address 1544 Lorimier Road</p> <p>City Jacksonville State FL Zip Code 32207</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>

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

9824.27

**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) 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</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> D324569</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <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="689.48"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Alan Awad</p> <p>Mailing Address 13612 Avalon Heights Blvd., Apt 20</p> <p>City Tampa State FL Zip Code 33613</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> D324893</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="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="65.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Alan Awad</p> <p>Mailing Address 13612 Avalon Heights Blvd., Apt 20</p> <p>City Tampa State FL Zip Code 33613</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> D323432</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <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="1037.55"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1792.03"/>
<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) Alan Awad</p> <p>Mailing Address 13612 Avalon Heights Blvd., Apt 20</p> <p>City Tampa State FL Zip Code 33613</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>B.</b> Full Name (Last, First, Middle Initial) Alan Awad</p> <p>Mailing Address 13612 Avalon Heights Blvd., Apt 20</p> <p>City Tampa State FL Zip Code 33613</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> D326741</p> <p>Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1037.56</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Alan Awad</p> <p>Mailing Address 13612 Avalon Heights Blvd., Apt 20</p> <p>City Tampa State FL Zip Code 33613</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> D332747</p> <p>Date of Disbursement 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 75.00</p>

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

1177.56

**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)

<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) Rishi Bagga	Transaction ID: D326805 Date of Disbursement 09 / 30 / 2010
	Mailing Address 3619 Deveraux Ct	Amount of Each Disbursement this Period 1207.77
	City Orlando State FL Zip Code 32837	
	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) Rishi Bagga	Transaction ID: D325041 Date of Disbursement 09 / 21 / 2010
	Mailing Address 3619 Deveraux Ct	Amount of Each Disbursement this Period 65.00
	City Orlando State FL Zip Code 32837	
	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) Ashley Ball	Transaction ID: D324398 Date of Disbursement 09 / 15 / 2010
	Mailing Address 822 E 15th Ave	Amount of Each Disbursement this Period 1802.98
	City New Smyrna Beach State FL Zip Code 32169-3404	
	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) .....	3075.75
<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)

<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 Mailing Address 822 E 15th Ave City New Smyrna Beach State FL Zip Code 32169-3404 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: D326512 Date of Disbursement 09 / 30 / 2010	Amount of Each Disbursement this Period 1802.98
B.	Full Name (Last, First, Middle Initial) Steven Balog Mailing Address 13413 Thomasville Circle City Tampa State FL Zip Code 33617 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: D326742 Date of Disbursement 09 / 30 / 2010	Amount of Each Disbursement this Period 1118.34
C.	Full Name (Last, First, Middle Initial) Steven Balog Mailing Address 13413 Thomasville Circle City Tampa State FL Zip Code 33617 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: D332749 Date of Disbursement 09 / 09 / 2010	Amount of Each Disbursement this Period 100.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3021.32
<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) Steven Balog  Mailing Address 13413 Thomasville Circle  City Tampa State FL Zip Code 33617  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) ▼	<b>Transaction ID:</b> D324897 <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 65.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Steven Balog  Mailing Address 13413 Thomasville Circle  City Tampa State FL Zip Code 33617  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) ▼	<b>Transaction ID:</b> D322553 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 1 0	Amount of Each Disbursement this Period 65.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Steven Balog  Mailing Address 13413 Thomasville Circle  City Tampa State FL Zip Code 33617  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> D323433 <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 1118.33

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		<b>1248.33</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) Lucas P Barks	Transaction ID: D324404 Date of Disbursement 09 / 15 / 2010
	Mailing Address 71 Gray Road	Amount of Each Disbursement this Period 689.48
	City Gorham State ME Zip Code 04038	
	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) Lucas P Barks	Transaction ID: D326527 Date of Disbursement 09 / 30 / 2010
	Mailing Address 71 Gray Road	Amount of Each Disbursement this Period 831.03
	City Gorham State ME Zip Code 04038	
	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) Jason Barnaby	Transaction ID: D326759 Date of Disbursement 09 / 30 / 2010
	Mailing Address 815 McBean Ct	Amount of Each Disbursement this Period 1447.48
	City McDonough State GA Zip Code 30252	
	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) ..... ► **2967.99**

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

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

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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) Jason Barnaby</p> <p>Mailing Address 815 McBean Ct</p> <p>City McDonough State GA Zip Code 30252</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> D332763 <b>Date of Disbursement</b> 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 200.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jason Barnaby</p> <p>Mailing Address 815 McBean Ct</p> <p>City McDonough State GA Zip Code 30252</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> D324890 <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) Jason Barnaby</p> <p>Mailing Address 815 McBean Ct</p> <p>City McDonough State GA Zip Code 30252</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> D323443 <b>Date of Disbursement</b> 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1447.47</p>

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

1712.47

**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	Amount of Each Disbursement this Period 65.00
	City McDonough State GA Zip Code 30252	
	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: D322587 Date of Disbursement 09 / 02 / 2010
	Mailing Address 815 McBean Ct	Amount of Each Disbursement this Period 770.65
	City McDonough State GA Zip Code 30252	
	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: D324640 Date of Disbursement 09 / 15 / 2010
	Mailing Address 1880 Florida Atlantic Blvd. Box 24	Amount of Each Disbursement this Period 421.83
	City Boca Raton State FL Zip Code 33431	
	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) .....	▶	1257.48
<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) Boris Bastidas <hr/> Mailing Address 1880 Florida Atlantic Blvd. Box 24 <hr/> City Boca Raton State FL Zip Code 33431 <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> D326501 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0	<b>Amount of Each Disbursement this Period</b> 103.89
<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 <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> D326570 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0	<b>Amount of Each Disbursement this Period</b> 36.94
<b>C.</b>	Full Name (Last, First, Middle Initial) Pablo Best <hr/> Mailing Address 623 N. Federal Highway <hr/> City Pompano Beach State FL Zip Code 33060 <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> D326598 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0	<b>Amount of Each Disbursement this Period</b> 631.48

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>772.31</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)

<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) Pablo Best	Transaction ID: D324641 Date of Disbursement 09 / 15 / 2010
	Mailing Address 623 N. Federal Highway	Amount of Each Disbursement this Period 827.26
	City Pompano Beach State FL Zip Code 33060	
	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) Pablo Best	Transaction ID: D324755 Date of Disbursement 09 / 20 / 2010
	Mailing Address 623 N. Federal Highway	Amount of Each Disbursement this Period 827.26
	City Pompano Beach State FL Zip Code 33060	
	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) Pablo Best	Transaction ID: D324070 Date of Disbursement 09 / 17 / 2010
	Mailing Address 623 N. Federal Highway	Amount of Each Disbursement this Period 700.00
	City Pompano Beach State FL Zip Code 33060	
	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) .....	2354.52
<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) Blue Cross and Blue Shield of Florida	Transaction ID: D322573 Date of Disbursement 09 / 02 / 2010
	Mailing Address P.O. Box 2210	
	City Jacksonville State FL Zip Code 32232-5005	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.	Full Name (Last, First, Middle Initial) Blue Cross and Blue Shield of Florida	Transaction ID: D322574 Date of Disbursement 09 / 02 / 2010
	Mailing Address P.O. Box 2210	
	City Jacksonville State FL Zip Code 32232-5005	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) ▼

C.	Full Name (Last, First, Middle Initial) Christopher Bolling	Transaction ID: D332796 Date of Disbursement 09 / 09 / 2010
	Mailing Address 214 S Bronough St	
	City Tallahassee State FL Zip Code 32301-1705	Amount of Each Disbursement this Period 100.00
	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) .....	▶	12501.40
<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

<p><b>A.</b></p> <p>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</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> D326793</p> <p>Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1960.94</p>
<p><b>B.</b></p> <p>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</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> D324386</p> <p>Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1447.47</p>
<p><b>C.</b></p> <p>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</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> D324720</p> <p>Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 400.00</p>

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

**3808.41**

**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) Craig Borkon	Transaction ID: D325080 Date of Disbursement 09 / 21 / 2010
	Mailing Address 8571 Brody Way --- City Boca Raton State FL Zip Code 33433	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) Eric Bornstein	Transaction ID: D325065 Date of Disbursement 09 / 21 / 2010
	Mailing Address 12 Bellevue Ave City Dobbs Ferry State NY Zip Code 10522	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: D323446 Date of Disbursement 09 / 15 / 2010
	Mailing Address 12 Bellevue Ave City Dobbs Ferry State NY Zip Code 10522	Amount of Each Disbursement this Period 1447.47
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) .....	1577.47
<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) Eric Bornstein</p> <hr/> <p>Mailing Address 12 Bellevue Ave</p> <hr/> <p>City Dobbs Ferry State NY Zip Code 10522</p> <hr/> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D323340</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <hr/> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="550.02"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Eric Bornstein</p> <hr/> <p>Mailing Address 12 Bellevue Ave</p> <hr/> <p>City Dobbs Ferry State NY Zip Code 10522</p> <hr/> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D326764</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> <hr/> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1447.47"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Eric Bornstein</p> <hr/> <p>Mailing Address 12 Bellevue Ave</p> <hr/> <p>City Dobbs Ferry State NY Zip Code 10522</p> <hr/> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D332777</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> <hr/> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jose Bosque</p> <p>Mailing Address 2314 Twilight Drive</p> <p>City Orlando State FL Zip Code 32825</p> <p>Purpose of Disbursement Per Diem</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> D332699</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="79.20"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jose Bosque</p> <p>Mailing Address 2314 Twilight Drive</p> <p>City Orlando State FL Zip Code 32825</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> D326615</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="160.80"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Joshua Bosque</p> <p>Mailing Address 6547 Hiddenwalk Dr. Apt A</p> <p>City Winter Park State FL Zip Code 32792</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> D326614</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="160.80"/></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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Joshua Bosque</p> <p>Mailing Address 6547 Hiddenwalk Dr. Apt A</p> <p>City Winter Park State FL Zip Code 32792</p> <p>Purpose of Disbursement Per Diem</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> D333700</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="79.20"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jeffrey E Branch</p> <p>Mailing Address 3700 Capital Circle SE Apt 520</p> <p>City Tallahassee State FL Zip Code 32311</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> D326763</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="1624.19"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jeffrey E Branch</p> <p>Mailing Address 3700 Capital Circle SE Apt 520</p> <p>City Tallahassee State FL Zip Code 32311</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> D323463</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="1624.19"/></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) Bright House Networks	Transaction ID: D326034 Date of Disbursement
	Mailing Address P.O. Box 31337	<input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City Tampa State FL Zip Code 33630-3765	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: D323217 Date of Disbursement
	Mailing Address P.O. 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	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:	

C.	Full Name (Last, First, Middle Initial) Brighthouse Networks	Transaction ID: D322870 Date of Disbursement
	Mailing Address P.O. 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	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:	

<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) William Brookley</p> <p>Mailing Address 1768 16th Avenue, North</p> <p>City Lake Worth State FL Zip Code 33460</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> D322563 <b>Date of Disbursement</b> 09 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) William Brookley</p> <p>Mailing Address 1768 16th Avenue, North</p> <p>City Lake Worth State FL Zip Code 33460</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> D324650 <b>Date of Disbursement</b> 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 219.33</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) William Brookley</p> <p>Mailing Address 1768 16th Avenue, North</p> <p>City Lake Worth State FL Zip Code 33460</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> D326601 <b>Date of Disbursement</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 265.51</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>564.84</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)

<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 Road</p> <p>City Screven State GA Zip Code 31560</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> D326766</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="1014.39"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Wilma Brown</p> <p>Mailing Address 3817 Bennett Road</p> <p>City Screven State GA Zip Code 31560</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> D332760</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="175.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Wilma Brown</p> <p>Mailing Address 3817 Bennett Road</p> <p>City Screven State GA Zip Code 31560</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> D325067</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>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1254.39"/>
<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) Wilma Brown	Transaction ID: D323448 Date of Disbursement 09 / 15 / 2010
	Mailing Address 3817 Bennett Road	
	City Screven State GA Zip Code 31560	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) ▼

B.	Full Name (Last, First, Middle Initial) David Browne	Transaction ID: D323447 Date of Disbursement 09 / 15 / 2010
	Mailing Address 417 S. Paloma Place	
	City Tampa State FL Zip Code 33609	Amount of Each Disbursement this Period 2196.66
	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 Browne	Transaction ID: D325078 Date of Disbursement 09 / 21 / 2010
	Mailing Address 417 S. Paloma Place	
	City Tampa State FL Zip Code 33609	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) .....	▶	3276.05
<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 71 / 278

<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) David Browne</p> <p>Mailing Address 417 S. Paloma Place</p> <p>City Tampa State FL Zip Code 33609</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> D326765 <b>Date of Disbursement:</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1960.94</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Tina Bruce</p> <p>Mailing Address 5973 Jessica Dr.</p> <p>City Apopka State FL Zip Code 32703</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> D326613 <b>Date of Disbursement:</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 53.60</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Tina Bruce</p> <p>Mailing Address 5973 Jessica Dr.</p> <p>City Apopka State FL Zip Code 32703</p> <p>Purpose of Disbursement Per Diem 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> D333698 <b>Date of Disbursement:</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 26.40</p>

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

2040.94

**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) John Brushwood	Transaction ID: D322876 Date of Disbursement 09 / 09 / 2010
	Mailing Address 3009 W. Barcelona St.	Amount of Each Disbursement this Period 61.92
	City Tampa State FL Zip Code 33629	
	Purpose of Disbursement Expense 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: 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) 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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1382.94</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) Jordan J Budd	Transaction ID: D332001 Date of Disbursement 09 / 26 / 2010
	Mailing Address 128 Century Dr	
	City Easley State SC Zip Code 29642	Amount of Each Disbursement this Period 100.00
	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) Jordan J Budd	Transaction ID: D326520 Date of Disbursement 09 / 30 / 2010
	Mailing Address 128 Century Dr	
	City Easley State SC Zip Code 29642	Amount of Each Disbursement this Period 1207.77
	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) ▼

C.	Full Name (Last, First, Middle Initial) Capital City Bank	Transaction ID: D333178 Date of Disbursement 09 / 30 / 2010
	Mailing Address PO Box 1630	
	City Tallahassee State FL Zip Code 32302-1630	Amount of Each Disbursement this Period 60.00
	Purpose of Disbursement Merchant Bank Fee 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) .....	▶	1367.77
<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) 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.	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="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="35.00"/>
	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: D333206 Date of Disbursement
	Mailing Address PO Box 1630	<input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2010"/>
	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 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

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) 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</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> D333169</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="3"/> / <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="15.00"/></p>
<p><b>B.</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</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> D333170</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <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="20.00"/></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</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> D333171</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <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="20.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="55.00"/>
<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: 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.	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) ▼

C.	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) ▼

<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: 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.	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) ▼

C.	Full Name (Last, First, Middle Initial) Akeem Carr	Transaction ID: D326571 Date of Disbursement
	Mailing Address 1325 W. Tharpe Street, Apt 911	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Tallahassee State FL Zip Code 32303	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary	<input type="text" value="110.82"/>
	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="160.82"/>
<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) Celltronix	Transaction ID: D329922 Date of Disbursement 09 / 13 / 2010
	Mailing Address 1718 South Orange Blossom Trail	Amount of Each Disbursement this Period 203.00
	City Apopka State FL Zip Code 32703	
	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.	Full Name (Last, First, Middle Initial) Kevin Chambliss	Transaction ID: D326529 Date of Disbursement 09 / 30 / 2010
	Mailing Address 746 N Annie Glidden Rd Apt 404	Amount of Each Disbursement this Period 854.19
	City Dekalb State IL Zip Code 60115-2130	
	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) Kevin Chambliss	Transaction ID: D324406 Date of Disbursement 09 / 15 / 2010
	Mailing Address 746 N Annie Glidden Rd Apt 404	Amount of Each Disbursement this Period 712.64
	City Dekalb State IL Zip Code 60115-2130	
	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) .....	1769.83
<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 79 / 278

<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) Changing Targets Media	Transaction ID: D323029 Date of Disbursement
	Mailing Address 1155 15th Street, NW Suite 300	<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Media	<input type="text" value="12000.00"/>
	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) Wei Chen	Transaction ID: D322808 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) 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 33076	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary	<input type="text" value="375.51"/>
	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="22375.51"/>
<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) Michael Church	Transaction ID: D326502 Date of Disbursement 09 / 30 / 2010
	Mailing Address 3271 NW 114th Ave	
	City Pompano Beach State FL Zip Code 33076	Amount of Each Disbursement this Period 222.22
	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) City of Oviedo	Transaction ID: D324909 Date of Disbursement 09 / 21 / 2010
	Mailing Address 400 Alexandria Blvd.	
	City Oviedo State FL Zip Code 32765	Amount of Each Disbursement this Period 26.98
	Purpose of Disbursement Admin Utilities 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) Ogden Frank Clark	Transaction ID: D324385 Date of Disbursement 09 / 15 / 2010
	Mailing Address 3100 NE 49th Street	
	City Fort Lauderdale State FL Zip Code 33308	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1263.59
<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) Ogden Frank Clark</p> <p>Mailing Address 3100 NE 49th Street</p> <p>City Fort Lauderdale State FL Zip Code 33308</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> D326193</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="1014.40"/></p>
<p><b>B.</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</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> D326806</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="1917.40"/></p>
<p><b>C.</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</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> D325040</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="2996.80"/>
<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) 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 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) 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 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) Continental Airlines	Transaction ID: D328799 Date of Disbursement 09 / 16 / 2010
	Mailing Address PO Box 4607	Amount of Each Disbursement this Period 499.40
	City Houston State TX Zip Code 77210-4607	
	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) .....	212499.40
<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) Continental Airlines	Transaction ID: D328800 Date of Disbursement 09 / 16 / 2010
	Mailing Address PO Box 4607	
	City Houston State TX Zip Code 77210-4607	Amount of Each Disbursement this Period 499.40
	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.	Full Name (Last, First, Middle Initial) Matthew Coppens	Transaction ID: D326530 Date of Disbursement 09 / 30 / 2010
	Mailing Address 2830 4th St. NW	
	City Naples State FL Zip Code 34120	Amount of Each Disbursement this Period 587.42
	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 Coppens	Transaction ID: D324554 Date of Disbursement 09 / 15 / 2010
	Mailing Address 2830 4th St. NW	
	City Naples State FL Zip Code 34120	Amount of Each Disbursement this Period 666.32
	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) ..... ▶

1753.14

**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)

<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) James Cornille  Mailing Address 1301 South Flagler Drive  City West Palm Beach State FL Zip Code 33401  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> D324389 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 09 / 15 / 2010  Amount of Each Disbursement this Period 285.71
<b>B.</b>	Full Name (Last, First, Middle Initial) James Cornille  Mailing Address 1301 South Flagler Drive  City West Palm Beach State FL Zip Code 33401  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> D322544 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 09 / 02 / 2010  Amount of Each Disbursement this Period 55.00
<b>C.</b>	Full Name (Last, First, Middle Initial) James Cornille  Mailing Address 1301 South Flagler Drive  City West Palm Beach State FL Zip Code 33401  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> D326503 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 09 / 30 / 2010  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)

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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) 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 32312	
	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	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 152 Street	Amount of Each Disbursement this Period 69.27
	City Opa Locka State FL Zip Code 33054	
	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) ..... ▶

2915.62

**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

A.	Full Name (Last, First, Middle Initial) Danielle Davis	Transaction ID: D324644 Date of Disbursement 09 / 15 / 2010
	Mailing Address 2131 NW 152 Street	
	City Opa Locka State FL Zip Code 33054	Amount of Each Disbursement this Period 251.08
	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) Clifford Davy	Transaction ID: D324900 Date of Disbursement 09 / 20 / 2010
	Mailing Address 5055 Wellington Park Circle, #C18	
	City Orlando State FL Zip Code 32839	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) Clifford Davy	Transaction ID: D322555 Date of Disbursement 09 / 01 / 2010
	Mailing Address 5055 Wellington Park Circle, #C18	
	City Orlando State FL Zip Code 32839	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) .....

**381.08**

**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) Clifford Davy</p> <p>Mailing Address 5055 Wellington Park Circle, #C18</p> <p>City Orlando State FL Zip Code 32839</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> D323434</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <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="1154.37"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Clifford Davy</p> <p>Mailing Address 5055 Wellington Park Circle, #C18</p> <p>City Orlando State FL Zip Code 32839</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> D326743</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="1154.38"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Clifford Davy</p> <p>Mailing Address 5055 Wellington Park Circle, #C18</p> <p>City Orlando State FL Zip Code 32839</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> D332752</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="75.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2383.75"/>
<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) Ernest De Zavala	Transaction ID: D333693 Date of Disbursement 09 / 30 / 2010
	Mailing Address 740 Meridale Ave	Amount of Each Disbursement this Period 132.00
	City Orlando State FL Zip Code 32803	
	Purpose of Disbursement Per Diem	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) Ernest De Zavala	Transaction ID: D326607 Date of Disbursement 09 / 30 / 2010
	Mailing Address 740 Meridale Ave	Amount of Each Disbursement this Period 268.00
	City Orlando State FL Zip Code 32803	
	Purpose of Disbursement Salary	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) Kathryn DeCarlo	Transaction ID: D326509 Date of Disbursement 09 / 30 / 2010
	Mailing Address 666 Noe St Unit A	Amount of Each Disbursement this Period 1022.05
	City San Francisco State CA Zip Code 94114-2530	
	Purpose of Disbursement Salary	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) .....	▶	1422.05
<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) Democratic National Committee</p> <p>Mailing Address 430 South Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Voter File Access</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> D333017 <b>Date of Disbursement</b> 09 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 3220.00</p> <p>* In-Kind Received</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Democratic National Committee</p> <p>Mailing Address 430 South Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Rent &amp; Utilities</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> D333025 <b>Date of Disbursement</b> 09 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 6046.84</p> <p>* In-Kind Received</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Democratic National Committee</p> <p>Mailing Address 430 South Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</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>

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

43938.89

**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) Democratic National Committee	Transaction ID: D333027 Date of Disbursement
	Mailing Address 430 South Capitol Street, SE	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll & Benefits	<input type="text" value="14517.34"/>
	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

B.	Full Name (Last, First, Middle Initial) Nicholas Denmon	Transaction ID: D332770 Date of Disbursement
	Mailing Address 8300 41st Ave N	<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City Saint Petersburg State FL Zip Code 33709	Amount of Each Disbursement this Period
	Purpose of Disbursement Auto Travel	<input type="text" value="150.00"/>
	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) Nicholas Denmon	Transaction ID: D326767 Date of Disbursement
	Mailing Address 8300 41st Ave N	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Saint Petersburg State FL Zip Code 33709	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary	<input type="text" value="1486.67"/>
	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="16154.01"/>
<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) Nicholas Denmon	Transaction ID: D323449 Date of Disbursement
	Mailing Address 8300 41st Ave N	<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City Saint Petersburg State FL Zip Code 33709	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Candidate Name	<input type="text" value="1486.67"/>
	Office Sought: <input type="checkbox"/> House <input 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 Denmon	Transaction ID: D325069 Date of Disbursement
	Mailing Address 8300 41st Ave N	<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City Saint Petersburg State FL Zip Code 33709	Amount of Each Disbursement this Period
	Purpose of Disbursement Phone Expense Candidate Name	<input type="text" value="65.00"/>
	Office Sought: <input type="checkbox"/> House <input 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) Yves Dessin	Transaction ID: D326565 Date of Disbursement
	Mailing Address 2764 Test Circle	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Tallahassee State FL Zip Code 32304	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Candidate Name	<input type="text" value="110.82"/>
	Office Sought: <input type="checkbox"/> House <input 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)

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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) 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	
	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	
	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) Sabrina Diz	Transaction ID: D324556 Date of Disbursement 09 / 15 / 2010
	Mailing Address 7180 Park St	Amount of Each Disbursement this Period 666.32
	City Hollywood State FL Zip Code 33024-3838	
	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>827.13</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) Sabrina Diz</p> <p>Mailing Address 7180 Park St</p> <p>City Hollywood State FL Zip Code 33024-3838</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> D326531</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="807.87"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) DNC Travel Offset Account</p> <p>Mailing Address 430 S Capitol St SE</p> <p>City Washington State DC Zip Code 20003-4024</p> <p>Purpose of Disbursement VPOTUS 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> D325035</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="22"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="23700.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Michael Edwards</p> <p>Mailing Address 809 Apache Street</p> <p>City Tallahassee State FL Zip Code 32301</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> D326573</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="147.76"/></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) Enterprise Rent-A Car	Transaction ID: D325917 Date of Disbursement
	Mailing Address 3300 Capital Circle	<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City Tallahassee State FL Zip Code 32310	Amount of Each Disbursement this Period
	Purpose of Disbursement Auto Travel	<input type="text" value="629.28"/>
	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 Estell	Transaction ID: D326561 Date of Disbursement
	Mailing Address 400 Putnam Drive	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Tallahassee State FL Zip Code 32301	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary	<input type="text" value="106.20"/>
	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 Estes	Transaction ID: D326532 Date of Disbursement
	Mailing Address 9884 SW 26th Ter	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Miami State FL Zip Code 33165-2627	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary	<input type="text" value="854.20"/>
	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="1589.68"/>
<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) 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 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> D324561</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="712.64"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Everest National Insurance Company</p> <p>Mailing Address P.O. 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</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> D322508</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="272.46"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jared Fields</p> <p>Mailing Address 5329 Dreamers Lane</p> <p>City Tallahassee State FL Zip Code 32303</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> D326590</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="36.94"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1022.04"/>
<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) 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	
	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) David Fifer	Transaction ID: D332783 Date of Disbursement 09 / 09 / 2010
	Mailing Address 2790 Old St Augustine Rd, Apt P166	Amount of Each Disbursement this Period 75.00
	City Tallahassee State FL Zip Code 32301	
	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) 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	
	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) .....	2150.10
<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

<p><b>A.</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</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</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) Florida Department of State</p> <p>Mailing Address 500 S. Bronough St. R.A. Gray Bldg</p> <p>City Tallahassee State FL Zip Code 32399-0250</p> <p>Purpose of Disbursement Voter File</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> D322880</p> <p>Date of Disbursement 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 10.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Florida Department of State</p> <p>Mailing Address 500 S. Bronough St. R.A. Gray Bldg</p> <p>City Tallahassee State FL Zip Code 32399-0250</p> <p>Purpose of Disbursement Voter File</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> D326033</p> <p>Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 10.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>85.00</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) Florida Power & Light Company <hr/> Mailing Address PO Box 025576 <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) ▼	<b>Transaction ID:</b> D324887 <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 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) Jomar Floyd <hr/> Mailing Address 984 Beaver Creek Way <hr/> City Tallahassee State FL Zip Code 32301 <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> D326577 <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 73.88
	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) 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) ▼	<b>Transaction ID:</b> D325075 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 1 0
	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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	322.71
<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) Frederica Wilson fo Congress	Transaction ID: D323025 Date of Disbursement 09 / 13 / 2010
	Mailing Address 19821 NW 2nd Ave, Box 354	Amount of Each Disbursement this Period 4000.00
	City Miami State FL Zip Code 33169	
	Purpose of Disbursement Contribution 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) 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 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) Marcus Garza	Transaction ID: D322556 Date of Disbursement 09 / 01 / 2010
	Mailing Address 10505 Lake Willians	Amount of Each Disbursement this Period 65.00
	City Odessa State FL Zip Code 33556	
	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) .....	<b>4183.55</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) Marcus Garza	Transaction ID: D323435 Date of Disbursement 09 / 15 / 2010
	Mailing Address 10505 Lake Willians	Amount of Each Disbursement this Period 1037.55
	City Odessa State FL Zip Code 33556	
	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) Marcus Garza	Transaction ID: D324892 Date of Disbursement 09 / 20 / 2010
	Mailing Address 10505 Lake Willians	Amount of Each Disbursement this Period 65.00
	City Odessa State FL Zip Code 33556	
	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) Marcus Garza	Transaction ID: D326744 Date of Disbursement 09 / 30 / 2010
	Mailing Address 10505 Lake Willians	Amount of Each Disbursement this Period 1037.56
	City Odessa State FL Zip Code 33556	
	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) .....	2140.11
<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 101 / 278

<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) Marcus Garza	Transaction ID: D332745 Date of Disbursement 09 / 09 / 2010
	Mailing Address 10505 Lake Willians	Amount of Each Disbursement this Period 75.00
	City Odessa State FL Zip Code 33556	
	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) Brendan Gleason	Transaction ID: D326595 Date of Disbursement 09 / 30 / 2010
	Mailing Address 6000 Moss Glen Court	Amount of Each Disbursement this Period 1615.58
	City Clifton State VA Zip Code 20124	
	Purpose of Disbursement Salary	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) Brendan Gleason	Transaction ID: D324647 Date of Disbursement 09 / 15 / 2010
	Mailing Address 6000 Moss Glen Court	Amount of Each Disbursement this Period 1615.58
	City Clifton State VA Zip Code 20124	
	Purpose of Disbursement Salary	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>3306.16</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

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) John Granger</p> <p>Mailing Address 1331 Alana Dr. #107</p> <p>City Orlando State FL Zip Code 32828</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> D326612 <b>Date of Disbursement</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 214.40</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) John Granger</p> <p>Mailing Address 1331 Alana Dr. #107</p> <p>City Orlando State FL Zip Code 32828</p> <p>Purpose of Disbursement Per Diem</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> D333697 <b>Date of Disbursement</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 105.60</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Michael Gray</p> <p>Mailing Address 920 3rd Avenue</p> <p>City New Smyrna Beach State FL Zip Code 32170</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> D331996 <b>Date of Disbursement</b> 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 50.00</p>

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

370.00

**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

A.	Full Name (Last, First, Middle Initial) Michael Gray	Transaction ID: D326514 Date of Disbursement 09 / 30 / 2010
	Mailing Address 920 3rd Avenue	
	City New Smyrna Beach State FL Zip Code 32170	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 3rd Avenue	
	City New Smyrna Beach State FL Zip Code 32170	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 Street	
	City Tallahassee State FL Zip Code 32301	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)

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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) Jennifer Greenfield</p> <p>Mailing Address 5047 17th St</p> <p>City Zephyrhills State FL Zip Code 33542-2147</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> D326804</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="821.02"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jennifer Greenfield</p> <p>Mailing Address 5047 17th St</p> <p>City Zephyrhills State FL Zip Code 33542-2147</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> D325037</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) Michelle Guerin</p> <p>Mailing Address 8670 Wesleyan Dr. #307</p> <p>City Fort Myers State FL Zip Code 33919</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> D325081</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="951.02"/>
<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) Michelle Guerin	Transaction ID: D323451 Date of Disbursement 09 / 15 / 2010
	Mailing Address 8670 Wesleyan Dr. #307	Amount of Each Disbursement this Period 1447.46
	City Fort Myers State FL Zip Code 33919	
	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: D322548 Date of Disbursement 09 / 02 / 2010
	Mailing Address 8670 Wesleyan Dr. #307	Amount of Each Disbursement this Period 65.00
	City Fort Myers State FL Zip Code 33919	
	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: D332757 Date of Disbursement 09 / 09 / 2010
	Mailing Address 8670 Wesleyan Dr. #307	Amount of Each Disbursement this Period 75.00
	City Fort Myers State FL Zip Code 33919	
	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) .....	▶	1587.46
<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 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) Michelle Guerin</p> <p>Mailing Address 8670 Wesleyan Dr. #307</p> <p>City Fort Myers State FL Zip Code 33919</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> D326769 <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) Leonardo Guevara</p> <p>Mailing Address 1001 Ocala Rd, Apt 340</p> <p>City Tallahassee State FL Zip Code 32304</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> D326563 <b>Date of Disbursement:</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 36.94</p>
<p><b>C.</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/Political 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> D322875 <b>Date of Disbursement:</b> 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 6750.00</p>

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

7847.66

**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) Hampton Inn Corporate	Transaction ID: D328797 Date of Disbursement 09 / 30 / 2010
	Mailing Address 9336 Civic Center Drive	Amount of Each Disbursement this Period 39.20
	City State Zip Code Beverly Hills CA 90210	
	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) Ryan Hearn	Transaction ID: D326602 Date of Disbursement 09 / 30 / 2010
	Mailing Address 10937 NW 14th Street	Amount of Each Disbursement this Period 69.26
	City State Zip Code Pompano Beach FL 33071	
	Purpose of Disbursement Salary	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) Ryan Hearn	Transaction ID: D324654 Date of Disbursement 09 / 15 / 2010
	Mailing Address 10937 NW 14th Street	Amount of Each Disbursement this Period 132.75
	City State Zip Code Pompano Beach FL 33071	
	Purpose of Disbursement Salary	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) .....	▶	241.21
<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) Derek Helmick	Transaction ID: D324388 Date of Disbursement 09 / 15 / 2010
	Mailing Address 3712 NW 49th Lane	Amount of Each Disbursement this Period 1154.38
	City Gainesville State FL Zip Code 32605	
	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 Lane	Amount of Each Disbursement this Period 1154.37
	City Gainesville State FL Zip Code 32605	
	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 Drive	Amount of Each Disbursement this Period 1037.55
	City Daytona Beach State FL Zip Code 32117	
	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) .....	3346.30
<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)

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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) Mario Henderson</p> <p>Mailing Address 1348 Imperial Drive</p> <p>City Daytona Beach State FL Zip Code 32117</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> D332784 <b>Date of Disbursement</b> 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 75.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mario Henderson</p> <p>Mailing Address 1348 Imperial Drive</p> <p>City Daytona Beach State FL Zip Code 32117</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> D325073 <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) Mario Henderson</p> <p>Mailing Address 1348 Imperial Drive</p> <p>City Daytona Beach State FL Zip Code 32117</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> D323452 <b>Date of Disbursement</b> 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1037.55</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1177.55
<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 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) Samantha Herman</p> <p>Mailing Address 6064 Vista Linda Lane</p> <p>City Boca Raton State FL Zip Code 33433</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> D322543</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="85.63"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Evan Honor</p> <p>Mailing Address 160 NW 70th Street, #104</p> <p>City Boca Raton State FL Zip Code 33487</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> D322528</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="28.75"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Renaissance Austin Hotel</p> <p>Mailing Address 9721 Arboretum Blvd</p> <p>City Austin State TX Zip Code 78759-6316</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> D324482</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="219.78"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="334.16"/></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)

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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) Hong Huang	Transaction ID: D322807 Date of Disbursement 09 / 07 / 2010
	Mailing Address 21200 NE 38th Ave Apt 2703	Amount of Each Disbursement this Period 10000.00
	City Miami State FL Zip Code 33180-3863	
	Purpose of Disbursement Contribution Refund	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) Andrea D Huerfano	Transaction ID: D324562 Date of Disbursement 09 / 15 / 2010
	Mailing Address 2949 Riverside Drivr, Apt 227	Amount of Each Disbursement this Period 666.32
	City Pompano Beach State FL Zip Code 33065	
	Purpose of Disbursement Salary	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) Andrea D Huerfano	Transaction ID: D326536 Date of Disbursement 09 / 30 / 2010
	Mailing Address 2949 Riverside Drivr, Apt 227	Amount of Each Disbursement this Period 807.87
	City Pompano Beach State FL Zip Code 33065	
	Purpose of Disbursement Salary	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) .....	▶	11474.19
<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)

PAGE 112 / 278

<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) Human Rights Campaign PAC - LGBT Advocates	Transaction ID: D325890 Date of Disbursement 09 / 30 / 2010
	Mailing Address 1640 Rhode Island Ave NW	Amount of Each Disbursement this Period 4402.00
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement Salary & 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) ▼
		* In-Kind Received

B.	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 Slate Card 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: D324655 Date of Disbursement 09 / 15 / 2010
	Mailing Address 6876 Sugarloaf Key Street	Amount of Each Disbursement this Period 242.42
	City Lake Worth State FL Zip Code 33467	
	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) .....	▶	11894.82
<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) Sidney Issac	Transaction ID: D322542 Date of Disbursement 09 / 02 / 2010
	Mailing Address 6876 Sugarloaf Key Street	Amount of Each Disbursement this Period 58.13
	City Lake Worth State FL Zip Code 33467	
	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) Sidney Issac	Transaction ID: D326603 Date of Disbursement 09 / 30 / 2010
	Mailing Address 6876 Sugarloaf Key Street	Amount of Each Disbursement this Period 138.52
	City Lake Worth State FL Zip Code 33467	
	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) Calvin J Ivey, Sr.	Transaction ID: D326186 Date of Disbursement 09 / 30 / 2010
	Mailing Address P.O. 6900	Amount of Each Disbursement this Period 73.88
	City Tallahassee State FL Zip Code 32314	
	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) ..... ▶

270.53

**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 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) Cindy Jeanbaptiste	Transaction ID: D326569 Date of Disbursement 09 / 30 / 2010
	Mailing Address 2421 Jackson Bluff Rd, Apt 611D	Amount of Each Disbursement this Period 73.88
	City Tallahassee State FL Zip Code 32304	
	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) Erin Jensen	Transaction ID: D326745 Date of Disbursement 09 / 30 / 2010
	Mailing Address 517 Belle Isle Avenue	Amount of Each Disbursement this Period 1037.56
	City Belleair Beach State FL Zip Code 33786	
	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) Erin Jensen	Transaction ID: D332007 Date of Disbursement 09 / 09 / 2010
	Mailing Address 517 Belle Isle Avenue	Amount of Each Disbursement this Period 75.00
	City Belleair Beach State FL Zip Code 33786	
	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) .....	1186.44
<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) Erin Jensen</p> <p>Mailing Address 517 Belle Isle Avenue</p> <p>City Belleair Beach State FL Zip Code 33786</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> D322561 <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) Erin Jensen</p> <p>Mailing Address 517 Belle Isle Avenue</p> <p>City Belleair Beach State FL Zip Code 33786</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> D323436 <b>Date of Disbursement</b> 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1037.55</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Erin Jensen</p> <p>Mailing Address 517 Belle Isle Avenue</p> <p>City Belleair Beach State FL Zip Code 33786</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> D324891 <b>Date of Disbursement</b> 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1167.55</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) Zachary Jones	Transaction ID: D326574 Date of Disbursement 09 / 30 / 2010
	Mailing Address 1555 Delaney Dr., Apt 312	Amount of Each Disbursement this Period 138.52
	City Tallahassee State FL Zip Code 32309	
	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) Ricardo Junquera	Transaction ID: D326537 Date of Disbursement 09 / 30 / 2010
	Mailing Address 10041 SW 48th St	Amount of Each Disbursement this Period 807.87
	City Miami State FL Zip Code 33165-6379	
	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) Ricardo Junquera	Transaction ID: D324563 Date of Disbursement 09 / 15 / 2010
	Mailing Address 10041 SW 48th St	Amount of Each Disbursement this Period 666.32
	City Miami State FL Zip Code 33165-6379	
	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) .....	▶	1612.71
<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) Kester Brothers Reality</p> <p>Mailing Address 615 E. Atlantic Blvd</p> <p>City Pompano Beach State FL Zip Code 33060</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> D325550</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="1200.00"/></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</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> D324401</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <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="821.02"/></p>
<p><b>C.</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</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> D326518</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="821.03"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="2842.05"/></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 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) 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><input type="text" value="850.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Daniel Krassner</p> <p>Mailing Address 715 N. Calhoun Street, #4</p> <p>City Tallahassee State FL Zip Code 32303</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> D323454</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <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="831.36"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Daniel Krassner</p> <p>Mailing Address 715 N. Calhoun Street, #4</p> <p>City Tallahassee State FL Zip Code 32303</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> D326774</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="1479.63"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3160.99"/>
<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) David Lam</p> <p>Mailing Address 136 Upper Ferry Road</p> <p>City Trenton State NJ Zip Code 08628</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> D326500 <b>Date of Disbursement:</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1624.19</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) David Lam</p> <p>Mailing Address 136 Upper Ferry Road</p> <p>City Trenton State NJ Zip Code 08628</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> D324637 <b>Date of Disbursement:</b> 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 2627.90</p>
<p><b>C.</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</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>

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

5175.59

**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)

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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) Mauricio Lamas</p> <p>Mailing Address 23141 SW 124th Ave</p> <p>City Miami State FL Zip Code 33170</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> D326618</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="923.50"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) LAP PProduction,LLC</p> <p>Mailing Address 7040 Seminole Pratt Whitney Road</p> <p>City Loxahatchee State FL Zip Code 33470</p> <p>Purpose of Disbursement Event 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> D325494</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="11085.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Varjone Leone</p> <p>Mailing Address 1424 Fisher Lane, Apt B</p> <p>City Tallahassee State FL Zip Code 32301</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> D326560</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="41.56"/></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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Joshua H Loewenstein</p> <hr/> <p>Mailing Address 1908 NW 4th Ave Apt 108</p> <hr/> <p>City Boca Raton State FL Zip Code 33432-1580</p> <hr/> <p>Purpose of Disbursement Salary Candidate Name</p> <div style="border: 1px solid black; width: 50px; height: 20px; float: right; margin-left: 10px;">Category/ Type</div> <hr/> <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> D326187 <b>Date of Disbursement</b>  <div style="border: 1px solid black; padding: 2px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">M</td><td style="text-align: center;">M</td><td style="text-align: center;">/</td><td style="text-align: center;">D</td><td style="text-align: center;">D</td><td style="text-align: center;">/</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">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;">3</td><td style="text-align: center;">0</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> </div> </p> <hr/> <p><b>Amount of Each Disbursement this Period</b>  <div style="border: 1px solid black; padding: 5px; text-align: center; width: 100%;">1060.73</div> </p>	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												
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Joshua H Loewenstein</p> <hr/> <p>Mailing Address 1908 NW 4th Ave Apt 108</p> <hr/> <p>City Boca Raton State FL Zip Code 33432-1580</p> <hr/> <p>Purpose of Disbursement Salary Candidate Name</p> <div style="border: 1px solid black; width: 50px; height: 20px; float: right; margin-left: 10px;">Category/ Type</div> <hr/> <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> D324384 <b>Date of Disbursement</b>  <div style="border: 1px solid black; padding: 2px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">M</td><td style="text-align: center;">M</td><td style="text-align: center;">/</td><td style="text-align: center;">D</td><td style="text-align: center;">D</td><td style="text-align: center;">/</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">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;">1</td><td style="text-align: center;">5</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> </div> </p> <hr/> <p><b>Amount of Each Disbursement this Period</b>  <div style="border: 1px solid black; padding: 5px; text-align: center; width: 100%;">1060.72</div> </p>	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												
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) LSG Strategies</p> <hr/> <p>Mailing Address 2120 L St NW Ste 305</p> <hr/> <p>City Washington State DC Zip Code 20037-1563</p> <hr/> <p>Purpose of Disbursement Consulting/Communications Candidate Name</p> <div style="border: 1px solid black; width: 50px; height: 20px; float: right; margin-left: 10px;">Category/ Type</div> <hr/> <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> D322590 <b>Date of Disbursement</b>  <div style="border: 1px solid black; padding: 2px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">M</td><td style="text-align: center;">M</td><td style="text-align: center;">/</td><td style="text-align: center;">D</td><td style="text-align: center;">D</td><td style="text-align: center;">/</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">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;">0</td><td style="text-align: center;">2</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> </div> </p> <hr/> <p><b>Amount of Each Disbursement this Period</b>  <div style="border: 1px solid black; padding: 5px; text-align: center; width: 100%;">13294.53</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	2		2	0	1	0												

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

15415.98

**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)

<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) Clotilde Luce	Transaction ID: D324464 Date of Disbursement 09 / 13 / 2010
	Mailing Address 301 Ocean Dr Apt 508	Amount of Each Disbursement this Period 200.00
	City Miami Beach State FL Zip Code 33139-6937	
	Purpose of Disbursement Contribution Refund	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) Jason Lutin	Transaction ID: D323431 Date of Disbursement 09 / 15 / 2010
	Mailing Address 2540 NW 24th St.	Amount of Each Disbursement this Period 1967.92
	City Boca Raton State FL Zip Code 33434	
	Purpose of Disbursement Salary	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) Jason Lutin	Transaction ID: D326740 Date of Disbursement 09 / 30 / 2010
	Mailing Address 2540 NW 24th St.	Amount of Each Disbursement this Period 1967.92
	City Boca Raton State FL Zip Code 33434	
	Purpose of Disbursement Salary	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) .....	▶	4135.84
<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 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) Dallas Madison <hr/> Mailing Address 618 Grunter Street <hr/> City Tallahassee State FL Zip Code 32308 <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: D326589 Date of Disbursement 09 / 30 / 2010 <hr/> Amount of Each Disbursement this Period 147.76
B.	Full Name (Last, First, Middle Initial) Main Street Communications <hr/> Mailing Address 1300 NE 94th Street <hr/> City Miami State FL Zip Code 33138 <hr/> Purpose of Disbursement Shipping 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: D333728 Date of Disbursement 09 / 20 / 2010 <hr/> Amount of Each Disbursement this Period 90.00
C.	Full Name (Last, First, Middle Initial) Main Street Communications <hr/> Mailing Address 1300 NE 94th Street <hr/> City Miami State FL Zip Code 33138 <hr/> Purpose of Disbursement Shipping 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: D333729 Date of Disbursement 09 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 120.00

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

357.76

**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) Main Street Communications	Transaction ID: D325170 Date of Disbursement
	Mailing Address 1300 NE 94th Street	<input type="text" value="09"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Miami State FL Zip Code 33138	Amount of Each Disbursement this Period
	Purpose of Disbursement Media	<input type="text" value="29927.00"/>
	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) Main Street Communications	Transaction ID: D323297 Date of Disbursement
	Mailing Address 1300 NE 94th Street	<input type="text" value="09"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Miami State FL Zip Code 33138	Amount of Each Disbursement this Period
	Purpose of Disbursement Media	<input type="text" value="30570.00"/>
	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) Hector Martinez	Transaction ID: D324565 Date of Disbursement
	Mailing Address 11100 SW 46th St	<input type="text" value="09"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Miami State FL Zip Code 33165-4735	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary	<input type="text" value="666.32"/>
	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="61163.32"/>
<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) Hector Martinez	Transaction ID: D326548 Date of Disbursement 09 / 30 / 2010
	Mailing Address 11100 SW 46th St	Amount of Each Disbursement this Period 807.88
	City Miami State FL Zip Code 33165-4735	
	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) Ilene McCarter	Transaction ID: D326506 Date of Disbursement 09 / 30 / 2010
	Mailing Address 1361 NW 20th Ave, Apt 104	Amount of Each Disbursement this Period 25.98
	City Delray Beach State FL Zip Code 33445	
	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) Ilene McCarter	Transaction ID: D324646 Date of Disbursement 09 / 15 / 2010
	Mailing Address 1361 NW 20th Ave, Apt 104	Amount of Each Disbursement this Period 204.91
	City Delray Beach State FL Zip Code 33445	
	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) .....	1038.77
<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)

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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) Melanie McCarter	Transaction ID: D324645 Date of Disbursement 09 / 15 / 2010
	Mailing Address 1361 NW 20th Ave, Apt 104	Amount of Each Disbursement this Period 158.73
	City Delray Beach State FL Zip Code 33445	
	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) Melanie McCarter	Transaction ID: D326505 Date of Disbursement 09 / 30 / 2010
	Mailing Address 1361 NW 20th Ave, Apt 104	Amount of Each Disbursement this Period 14.43
	City Delray Beach State FL Zip Code 33445	
	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) Richard McGriff	Transaction ID: D326555 Date of Disbursement 09 / 30 / 2010
	Mailing Address 2912 Woodrich Dr	Amount of Each Disbursement this Period 36.94
	City Tallahassee State FL Zip Code 32301	
	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) .....	▶	210.10
<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)

PAGE 127 / 278

<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) Emily McIlveene	Transaction ID: D326540 Date of Disbursement 09 / 30 / 2010
	Mailing Address 2772 SW 137th Ave	
	City Miami State FL Zip Code 33175-6638	Amount of Each Disbursement this Period 831.03
	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) Emily McIlveene	Transaction ID: D324564 Date of Disbursement 09 / 15 / 2010
	Mailing Address 2772 SW 137th Ave	
	City Miami State FL Zip Code 33175-6638	Amount of Each Disbursement this Period 689.48
	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) Michael Mckinnies	Transaction ID: D326592 Date of Disbursement 09 / 30 / 2010
	Mailing Address 3045 Orange Ave	
	City Tallahassee State FL Zip Code 32310	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) .....	▶	1626.71
<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) 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	
	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 Ann Drive	Amount of Each Disbursement this Period 1417.21
	City Seminole State FL Zip Code 33776	
	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: D332791 Date of Disbursement 09 / 09 / 2010
	Mailing Address 9452 Laura Ann Drive	Amount of Each Disbursement this Period 150.00
	City Seminole State FL Zip Code 33776	
	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) ▼

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

2276.07

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) Nicholas Michalik	Transaction ID: D323464 Date of Disbursement 09 / 15 / 2010
	Mailing Address 9452 Laura Ann Drive	Amount of Each Disbursement this Period 384.08
	City Seminole State FL Zip Code 33776	
	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: D325046 Date of Disbursement 09 / 21 / 2010
	Mailing Address 9452 Laura Ann Drive	Amount of Each Disbursement this Period 65.00
	City Seminole State FL Zip Code 33776	
	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) Alyssa Miller	Transaction ID: D323427 Date of Disbursement 09 / 15 / 2010
	Mailing Address 900 Riggins Road #723	Amount of Each Disbursement this Period 1295.38
	City Tallahassee State FL Zip Code 32308	
	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) .....	▶	1744.46
<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 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) Alyssa Miller</p> <p>Mailing Address 900 Riggins Road #723</p> <p>City Tallahassee State FL Zip Code 32308</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> D326728</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="1295.39"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mission Control</p> <p>Mailing Address 114 A Mansfield Hollow Road</p> <p>City Mansfield Center State CT Zip Code 06250</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</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> D323298</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <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="73412.60"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mission Control</p> <p>Mailing Address 114 A Mansfield Hollow Road</p> <p>City Mansfield Center State CT Zip Code 06250</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="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <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="8100.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="82807.99"/>
<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) Ms. Anne O Morgan <hr/> Mailing Address 741 W Keller St <hr/> City Hernando State FL Zip Code 34442-8810 <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: D323419 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010
	Amount of Each Disbursement this Period 2907.77
	Category/Type
	(Empty box for Category/Type)
<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Anne O Morgan <hr/> Mailing Address 741 W Keller St <hr/> City Hernando State FL Zip Code 34442-8810 <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: D326702 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 2907.77
	Category/Type
	(Empty box for Category/Type)
<b>C.</b> Full Name (Last, First, Middle Initial) George Morse <hr/> Mailing Address 1908 NW 41st Ave Apt 108 <hr/> City Boca Raton State FL Zip Code 33432 <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: D326498 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 1014.41
	Category/Type
	(Empty box for Category/Type)

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6829.95
<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)

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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) George Morse  Mailing Address 1908 NW 41st Ave Apt 108  City Boca Raton State FL Zip Code 33432  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> D324387 <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
<b>B.</b>	Full Name (Last, First, Middle Initial) Murphy Putnam Media, Inc.  Mailing Address 901 N Washington St Ste 500  City Alexandria State VA Zip Code 22314-1535  Purpose of Disbursement Media 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> D325676 <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 266313.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Murphy Putnam Media, Inc.  Mailing Address 901 N Washington St Ste 500  City Alexandria State VA Zip Code 22314-1535  Purpose of Disbursement Media 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> D323024 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 1 0	Amount of Each Disbursement this Period 19784.10

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	287111.49
<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)

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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) Anthony Nagatani</p> <p>Mailing Address 1300 Elizabeth Ave #15</p> <p>City Las Vegas State NV Zip Code 89119</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> D332794</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="75.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Cary Nation</p> <p>Mailing Address 1400 NW 9th Ave Apt 16</p> <p>City Boca Raton State FL Zip Code 33486-1326</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> D326604</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="167.38"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Cary Nation</p> <p>Mailing Address 1400 NW 9th Ave Apt 16</p> <p>City Boca Raton State FL Zip Code 33486-1326</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> D322533</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="96.25"/></p>

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

**338.63**

**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)

PAGE 134 / 278

<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) 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) ▼

B.	Full Name (Last, First, Middle Initial) Reuben Neff	Transaction ID: D325045 Date of Disbursement 09 / 21 / 2010
	Mailing Address 2218 East 9th Ave	Amount of Each Disbursement this Period 65.00
	City Tampa State FL Zip Code 33605	
	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) Reuben Neff	Transaction ID: D326801 Date of Disbursement 09 / 30 / 2010
	Mailing Address 2218 East 9th Ave	Amount of Each Disbursement this Period 2162.99
	City Tampa State FL Zip Code 33605	
	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) .....	2458.86
<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)

<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) Sophia Nelson Mailing Address 5883 Caribbean Blvd Apt. 33407 City West Palm Beach State FL Zip Code 33407 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: D324661 Date of Disbursement 09 / 15 / 2010	Amount of Each Disbursement this Period 1192.26
B.	Full Name (Last, First, Middle Initial) Nesbitt Research Mailing Address 2120 L St NW Ste 305 City Washington State DC Zip Code 20037-1563 Purpose of Disbursement Consulting/Research 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: D322872 Date of Disbursement 09 / 08 / 2010	Amount of Each Disbursement this Period 2599.95
C.	Full Name (Last, First, Middle Initial) Nesbitt Research Mailing Address 2120 L St NW Ste 305 City Washington State DC Zip Code 20037-1563 Purpose of Disbursement Consulting/Research 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: D323216 Date of Disbursement 09 / 14 / 2010	Amount of Each Disbursement this Period 2500.00

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

6292.21

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)

<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) New Partners Consulting, Inc.	Transaction ID: D322579 Date of Disbursement
	Mailing Address 401 9th St NW Ste 725	<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20004-2176	Amount of Each Disbursement this Period
	Purpose of Disbursement Consulting/Fundraising	<input type="text" value="19580.72"/>
	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) Kerry Nicholson	Transaction ID: D325043 Date of Disbursement
	Mailing Address 3252 Sawgrass Creek Circle	<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City Saint Cloud State FL Zip Code 34772	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) Kerry Nicholson	Transaction ID: D326802 Date of Disbursement
	Mailing Address 3252 Sawgrass Creek Circle	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Saint Cloud State FL Zip Code 34772	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary	<input type="text" value="1691.54"/>
	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)

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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) Kerry Nicholson	Transaction ID: D332792 Date of Disbursement 09 / 09 / 2010
	Mailing Address 3252 Sawgrass Creek Circle	Amount of Each Disbursement this Period 75.00
	City Saint Cloud State FL Zip Code 34772	
	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) Tarin Nix	Transaction ID: D326524 Date of Disbursement 09 / 30 / 2010
	Mailing Address 11121 N Kendall Dr Apt A104	Amount of Each Disbursement this Period 2129.32
	City Miami State FL Zip Code 33176-0905	
	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) Tarin Nix	Transaction ID: D324402 Date of Disbursement 09 / 15 / 2010
	Mailing Address 11121 N Kendall Dr Apt A104	Amount of Each Disbursement this Period 2129.31
	City Miami State FL Zip Code 33176-0905	
	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>4333.63</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) Office Depot-Corporate	Transaction ID: D325915 Date of Disbursement
	Mailing Address PO Box 633211	<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City Cincinnati State OH Zip Code 45263-3211	Amount of Each Disbursement this Period
	Purpose of Disbursement Admin Office Supplies	<input type="text" value="1053.75"/>
	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) Office Depot-Corporate	Transaction ID: D325916 Date of Disbursement
	Mailing Address PO Box 633211	<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City Cincinnati State OH Zip Code 45263-3211	Amount of Each Disbursement this Period
	Purpose of Disbursement Admin Office Supplies	<input type="text" value="61.87"/>
	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: D324895 Date of Disbursement
	Mailing Address 155 55th Avenue NE	<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City Saint Petersburg State FL Zip Code 33703	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="1180.62"/>
<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) Bernadette Ohran	Transaction ID: D323437 Date of Disbursement 09 / 15 / 2010
	Mailing Address 155 55th Avenue NE	
	City Saint Petersburg State FL Zip Code 33703	Amount of Each Disbursement this Period 1076.76
	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) Bernadette Ohran	Transaction ID: D326747 Date of Disbursement 09 / 30 / 2010
	Mailing Address 155 55th Avenue NE	
	City Saint Petersburg State FL Zip Code 33703	Amount of Each Disbursement this Period 1076.77
	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) ▼

C.	Full Name (Last, First, Middle Initial) Brenadette Ohran	Transaction ID: D332746 Date of Disbursement 09 / 09 / 2010
	Mailing Address 155 55th Avenue NE	
	City Saint Petersburg State FL Zip Code 33703	Amount of Each Disbursement this Period 75.00
	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) .....	2228.53
<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) Brenadette Ohran</p> <p>Mailing Address 155 55th Avenue NE</p> <p>City Saint Petersburg State FL Zip Code 33703</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> 09 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Mary Anne Oldham</p> <p>Mailing Address 2918 W Coachman Ave</p> <p>City Tampa State FL Zip Code 33611-2810</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> 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 1247.95</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Mary Anne Oldham</p> <p>Mailing Address 2918 W Coachman Ave</p> <p>City Tampa State FL Zip Code 33611-2810</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> D326036 <b>Date of Disbursement</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 963.00</p>

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

2275.95

**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)

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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) Anthony Parets	Transaction ID: D326775 Date of Disbursement 09 / 30 / 2010
	Mailing Address 3607 Eagle Nest Court	Amount of Each Disbursement this Period 1083.88
	City Melbourne State FL Zip Code 32904	
	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) Anthony Parets	Transaction ID: D332751 Date of Disbursement 09 / 09 / 2010
	Mailing Address 3607 Eagle Nest Court	Amount of Each Disbursement this Period 75.00
	City Melbourne State FL Zip Code 32904	
	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) Anthony Parets	Transaction ID: D322550 Date of Disbursement 09 / 02 / 2010
	Mailing Address 3607 Eagle Nest Court	Amount of Each Disbursement this Period 65.00
	City Melbourne State FL Zip Code 32904	
	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) ..... ▶

1223.88

**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) Anthony Parets	Transaction ID: D323455 Date of Disbursement 09 / 15 / 2010
	Mailing Address 3607 Eagle Nest Court	Amount of Each Disbursement this Period 1083.88
	City Melbourne State FL Zip Code 32904	
	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) Anthony Parets	Transaction ID: D325079 Date of Disbursement 09 / 21 / 2010
	Mailing Address 3607 Eagle Nest Court	Amount of Each Disbursement this Period 65.00
	City Melbourne State FL Zip Code 32904	
	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) Mikeal Parlow	Transaction ID: D326522 Date of Disbursement 09 / 30 / 2010
	Mailing Address 615 Mt Olympus Blvd.	Amount of Each Disbursement this Period 650.80
	City New Smyrna Beach State FL Zip Code 32168	
	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) .....	1799.68
<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) Payroll Matters	Transaction ID: D328499 Date of Disbursement
	Mailing Address 2069 North Monroe Street	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Tallahassee State FL Zip Code 32303	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Tax	<input type="text" value="37661.94"/>
	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) Payroll Matters	Transaction ID: D328500 Date of Disbursement
	Mailing Address 2069 North Monroe Street	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Tallahassee State FL Zip Code 32303	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Fee	<input type="text" value="224.66"/>
	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) Payroll Matters	Transaction ID: D328502 Date of Disbursement
	Mailing Address 2069 North Monroe Street	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Tallahassee State FL Zip Code 32303	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Tax	<input type="text" value="5371.13"/>
	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="43257.73"/>
<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) Payroll Matters	Transaction ID: D328516 Date of Disbursement
	Mailing Address 2069 North Monroe Street	<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City Tallahassee State FL Zip Code 32303	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Tax	<input type="text" value="28412.62"/>
	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) Payroll Matters	Transaction ID: D328517 Date of Disbursement
	Mailing Address 2069 North Monroe Street	<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City Tallahassee State FL Zip Code 32303	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Fee	<input type="text" value="174.75"/>
	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) Payroll Matters	Transaction ID: D328520 Date of Disbursement
	Mailing Address 2069 North Monroe Street	<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City Tallahassee State FL Zip Code 32303	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Tax	<input type="text" value="5371.15"/>
	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="33958.52"/>
<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) Payroll Matters Mailing Address 2069 North Monroe Street City Tallahassee State FL Zip Code 32303 Purpose of Disbursement Payroll Tax Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: D333486 Date of Disbursement 09 / 02 / 2010
	Amount of Each Disbursement this Period 2202.78
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type	

<b>B.</b> Full Name (Last, First, Middle Initial) Payroll Matters Mailing Address 2069 North Monroe Street City Tallahassee State FL Zip Code 32303 Purpose of Disbursement Payroll Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: D333840 Date of Disbursement 09 / 15 / 2010
	Amount of Each Disbursement this Period 1095.52
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type	

<b>C.</b> Full Name (Last, First, Middle Initial) Payroll Matters Mailing Address 2069 North Monroe Street City Tallahassee State FL Zip Code 32303 Purpose of Disbursement Payroll Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: D333841 Date of Disbursement 09 / 30 / 2010
	Amount of Each Disbursement this Period 30.50
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3328.80
<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) Payroll Matters Mailing Address 2069 North Monroe Street City Tallahassee State FL Zip Code 32303 Purpose of Disbursement Payroll Fee 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> D322809 <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 15.00

<b>B.</b> Full Name (Last, First, Middle Initial) Payroll Matters Mailing Address 2069 North Monroe Street City Tallahassee State FL Zip Code 32303 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) ▼	<b>Transaction ID:</b> D322810 <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 946.16

<b>C.</b> Full Name (Last, First, Middle Initial) Kristen Pesicek Mailing Address 116 Lake Emerald Dr Apt 210 City Oakland Park State FL Zip Code 33309-6261 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> D323457 <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 1479.63

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2440.79</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) Kristen Pesicek</p> <p>Mailing Address 116 Lake Emerald Dr Apt 210</p> <p>City Oakland Park State FL Zip Code 33309-6261</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> D326777 <b>Date of Disbursement:</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1479.63</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Elena Petrescu</p> <p>Mailing Address 13196 Brechner Street</p> <p>City Spring Hill State FL Zip Code 34609</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> D326776 <b>Date of Disbursement:</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1037.55</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Elena Petrescu</p> <p>Mailing Address 13196 Brechner Street</p> <p>City Spring Hill State FL Zip Code 34609</p> <p>Purpose of Disbursement Auto Travel 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> D332789 <b>Date of Disbursement:</b> 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 75.00</p>

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

2592.18

**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) Elena Petrescu	Transaction ID: D323456 Date of Disbursement 09 / 15 / 2010
	Mailing Address 13196 Brechner Street	Amount of Each Disbursement this Period 844.15
	City Spring Hill State FL Zip Code 34609	
	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) Elena Petrescu	Transaction ID: D325071 Date of Disbursement 09 / 21 / 2010
	Mailing Address 13196 Brechner Street	Amount of Each Disbursement this Period 65.00
	City Spring Hill State FL Zip Code 34609	
	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) PGA Commons, LLC	Transaction ID: D325545 Date of Disbursement 09 / 27 / 2010
	Mailing Address PGA PRCL 1 Retail Bldg 1 5520 PGA Blvd., Ste 200	Amount of Each Disbursement this Period 2848.42
	City Palm Beach Gardens State FL Zip Code 33418	
	Purpose of Disbursement Admin Lease/Rent 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>3757.57</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) PGA Commons, LLC	Transaction ID: D333177 Date of Disbursement 09 / 24 / 2010
	Mailing Address PGA PRCL 1 Retail Bldg 1 5520 PGA Blvd., Ste 200	Amount of Each Disbursement this Period 1424.21
	City Palm Beach Gardens	State FL
	Zip Code 33418	Category/ Type
	Purpose of Disbursement Admin Rent	
	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) Steven Phillips-Horst	Transaction ID: D326807 Date of Disbursement 09 / 30 / 2010
	Mailing Address 289 Harman Street, #2L	Amount of Each Disbursement this Period 885.99
	City Brooklyn	State NY
	Zip Code 11237	Category/ Type
	Purpose of Disbursement Salary	
	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: D326748 Date of Disbursement 09 / 30 / 2010
	Mailing Address 2656 S. Scenic Hwy	Amount of Each Disbursement this Period 1014.40
	City Lake Wales	State FL
	Zip Code 33898	Category/ Type
	Purpose of Disbursement Salary	
	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) .....	<b>3324.60</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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Joseph J Pierce</p> <p>Mailing Address 2656 S. Scenic Hwy</p> <p>City Lake Wales State FL Zip Code 33898</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> D332748</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="75.00"/></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 Lake Wales State FL Zip Code 33898</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> D325068</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) Joseph J Pierce</p> <p>Mailing Address 2656 S. Scenic Hwy</p> <p>City Lake Wales State FL Zip Code 33898</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> D323438</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="1014.39"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1154.39"/>
<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) Principal Financial Group</p> <p>Mailing Address P. B. Box 14416 Dept. 900</p> <p>City Des Moines State IA Zip Code 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>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Principal Financial Group</p> <p>Mailing Address P. B. Box 14416 Dept. 900</p> <p>City Des Moines State IA Zip Code 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> D324761 <b>Date of Disbursement</b> 09 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 398.70</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Progress Energy Florida</p> <p>Mailing Address P.O. Box 33199</p> <p>City St. Petersburg State FL Zip Code 33733-8199</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 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> D324908 <b>Date of Disbursement</b> 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 297.02</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>775.46</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) Protective Barrier Service</p> <p>Mailing Address 623 NE 5th Ter</p> <p>City Ft Lauderdale State FL Zip Code 33304</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> D324396 <b>Date of Disbursement</b> 09 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 446.35</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Douglas R. Pugh</p> <p>Mailing Address 1110 SW 15th St</p> <p>City Boca Raton State FL Zip Code 33486-6704</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> D324390 <b>Date of Disbursement</b> 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 248.19</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Douglas R. Pugh</p> <p>Mailing Address 1110 SW 15th St</p> <p>City Boca Raton State FL Zip Code 33486-6704</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> D322541 <b>Date of Disbursement</b> 09 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 21.88</p>

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

716.42

**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

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></p> <p>Full Name (Last, First, Middle Initial) Michael Pugh</p> <p>Mailing Address 611 SE 10th Street</p> <p>City Pompano Beach State FL Zip Code 33060</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> D322536 <b>Date of Disbursement</b> 09 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 115.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Michael Pugh</p> <p>Mailing Address 611 SE 10th Street</p> <p>City Pompano Beach State FL Zip Code 33060</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> D324391 <b>Date of Disbursement</b> 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 509.33</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Michael Pugh</p> <p>Mailing Address 611 SE 10th Street</p> <p>City Pompano Beach State FL Zip Code 33060</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> D326507 <b>Date of Disbursement</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 210.69</p>

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

**835.02**

**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 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) Maria Quezada	Transaction ID: D326549 Date of Disbursement 09 / 30 / 2010
	Mailing Address 322 E Mayfield Blvd	
	City San Antonio State TX Zip Code 78214-2448	Amount of Each Disbursement this Period 807.88
	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	
	City San Antonio State TX Zip Code 78214-2448	Amount of Each Disbursement this Period 666.32
	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: D324898 Date of Disbursement 09 / 20 / 2010
	Mailing Address 13671 SW 38th Avenue Rd	
	City Ocala State FL Zip Code 34473-2105	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) .....	1539.20
<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) Margaret Ramirez</p> <p>Mailing Address 13671 SW 38th Avenue Rd</p> <p>City Ocala State FL Zip Code 34473-2105</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> D323439 <b>Date of Disbursement:</b> 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 566.09</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Margaret Ramirez</p> <p>Mailing Address 13671 SW 38th Avenue Rd</p> <p>City Ocala State FL Zip Code 34473-2105</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> D326750 <b>Date of Disbursement:</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1055.71</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Margaret Ramirez</p> <p>Mailing Address 13671 SW 38th Avenue Rd</p> <p>City Ocala State FL Zip Code 34473-2105</p> <p>Purpose of Disbursement Auto Travel 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> D332762 <b>Date of Disbursement:</b> 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 75.00</p>

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

1696.80

**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) Residence Inn Marriott-Corporate	Transaction ID: D325925 Date of Disbursement
	Mailing Address 2120 P Street NW	<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20037	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: D326798 Date of Disbursement
	Mailing Address 225 SW 159th Way	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Fort Lauderdale State FL Zip Code 33326	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary	<input type="text" value="1037.55"/>
	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: D332774 Date of Disbursement
	Mailing Address 225 SW 159th Way	<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City Fort Lauderdale State FL Zip Code 33326	Amount of Each Disbursement this Period
	Purpose of Disbursement Auto Travel	<input type="text" value="75.00"/>
	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="1608.76"/>
<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) 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 Fort Lauderdale State FL Zip Code 33326	
	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: D324903 Date of Disbursement 09 / 21 / 2010
	Mailing Address 225 SW 159th Way	Amount of Each Disbursement this Period 65.00
	City Fort Lauderdale State FL Zip Code 33326	
	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) Pamela Rivera	Transaction ID: D324400 Date of Disbursement 09 / 15 / 2010
	Mailing Address 232 Afton Square, Apt 212	Amount of Each Disbursement this Period 1037.55
	City Altamonte Springs State FL Zip Code 32714	
	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) ..... ▶

2688.11

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 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) Pamela Rivera	Transaction ID: D326516 Date of Disbursement 09 / 30 / 2010
	Mailing Address 232 Afton Square, Apt 212	Amount of Each Disbursement this Period 1037.56
	City Altamonte Springs State FL Zip Code 32714	
	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) Terrie L. Rizzo	Transaction ID: D326597 Date of Disbursement 09 / 30 / 2010
	Mailing Address 737 NE 74th Street	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) ▼

C.	Full Name (Last, First, Middle Initial) Terrie L. Rizzo	Transaction ID: D324648 Date of Disbursement 09 / 15 / 2010
	Mailing Address 737 NE 74th Street	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) ▼

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

2884.56

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)

<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) Edith Robles Mailing Address 305 Bullard Street City Fairfield State CT Zip Code 06825 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) ▼	Transaction ID: D325076 Date of Disbursement 09 / 21 / 2010	Amount of Each Disbursement this Period 65.00
B.	Full Name (Last, First, Middle Initial) Edith Robles Mailing Address 305 Bullard Street City Fairfield State CT Zip Code 06825 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: D323458 Date of Disbursement 09 / 15 / 2010	Amount of Each Disbursement this Period 2076.75
C.	Full Name (Last, First, Middle Initial) Edith Robles Mailing Address 305 Bullard Street City Fairfield State CT Zip Code 06825 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: D326778 Date of Disbursement 09 / 30 / 2010	Amount of Each Disbursement this Period 2076.75

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4218.50
<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) Edith Robles	Transaction ID: D332775 Date of Disbursement 09 / 09 / 2010
	Mailing Address 305 Bullard Street	Amount of Each Disbursement this Period 75.00
	City Fairfield State CT Zip Code 06825	
	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) 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) ▼

C.	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1549.19
<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 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 Circle, Apt C	Amount of Each Disbursement this Period 65.00
	City Kissimmee State FL Zip Code 34744	
	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: D323459 Date of Disbursement 09 / 15 / 2010
	Mailing Address 2302 Simpson Ridge Circle, Apt C	Amount of Each Disbursement this Period 1383.00
	City Kissimmee State FL Zip Code 34744	
	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: D322551 Date of Disbursement 09 / 02 / 2010
	Mailing Address 2302 Simpson Ridge Circle, Apt C	Amount of Each Disbursement this Period 65.00
	City Kissimmee State FL Zip Code 34744	
	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) .....	▶	1513.00
<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) Joshua Romero	Transaction ID: D326779 Date of Disbursement 09 / 30 / 2010
	Mailing Address 2302 Simpson Ridge Circle, Apt C	Amount of Each Disbursement this Period 1060.72
	City Kissimmee State FL Zip Code 34744	
	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 Romero	Transaction ID: D332779 Date of Disbursement 09 / 09 / 2010
	Mailing Address 2302 Simpson Ridge Circle, Apt C	Amount of Each Disbursement this Period 75.00
	City Kissimmee State FL Zip Code 34744	
	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) Jean Roseme	Transaction ID: D332781 Date of Disbursement 09 / 09 / 2010
	Mailing Address 101 NE 31st Street	Amount of Each Disbursement this Period 75.00
	City Pompano Beach State FL Zip Code 33064	
	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) .....	▶	1210.72
<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

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) Jean Roseme</p> <p>Mailing Address 101 NE 31st Street</p> <p>City Pompano Beach State FL Zip Code 33064</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> D326781</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="1462.79"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jean Roseme</p> <p>Mailing Address 101 NE 31st Street</p> <p>City Pompano Beach State FL Zip Code 33064</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> D322549</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="02"/> / <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) Jean Roseme</p> <p>Mailing Address 101 NE 31st Street</p> <p>City Pompano Beach State FL Zip Code 33064</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> D325070</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)

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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) Jean Roseme</p> <p>Mailing Address 101 NE 31st Street</p> <p>City Pompano Beach State FL Zip Code 33064</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> D323466 <b>Date of Disbursement</b> 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1462.79</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Alexander Ross</p> <p>Mailing Address 17789 Fieldbrook Circle W</p> <p>City Boca Raton State FL Zip Code 33496</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>C.</b> Full Name (Last, First, Middle Initial) Alexander Ross</p> <p>Mailing Address 17789 Fieldbrook Circle W</p> <p>City Boca Raton State FL Zip Code 33496</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>

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

1889.61

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

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

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FOR LINE NUMBER:  
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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) Royal Performance Group	Transaction ID: D326105 Date of Disbursement
	Mailing Address 2100 Western Ave Ste 80	<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Lisle State IL Zip Code 60532-1971	Amount of Each Disbursement this Period
	Purpose of Disbursement Auto Travel	<input type="text" value="799.50"/>
	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) Royal Performance Group	Transaction ID: D325162 Date of Disbursement
	Mailing Address 2100 Western Ave Ste 80	<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City Lisle State IL Zip Code 60532-1971	Amount of Each Disbursement this Period
	Purpose of Disbursement Auto Travel	<input type="text" value="1017.50"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) Maia Ryan	Transaction ID: D326608 Date of Disbursement
	Mailing Address 726 Maryland Ave	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Winter Park State FL Zip Code 32789	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary	<input type="text" value="107.20"/>
	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) Maia Ryan	Transaction ID: D333694
	Mailing Address 726 Maryland Ave	Date of Disbursement 09 / 30 / 2010
	City Winter Park State FL Zip Code 32789	Amount of Each Disbursement this Period 52.80
	Purpose of Disbursement Per Diem	Category/Type
	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) Marian Sanders	Transaction ID: D322582
	Mailing Address 3755 Dairy Road	Date of Disbursement 09 / 08 / 2010
	City Titusville State FL Zip Code 32796	Amount of Each Disbursement this Period 460.04
	Purpose of Disbursement Admin Lease/Rent	Category/Type
	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) Gabriel Sebag	Transaction ID: D323460
	Mailing Address 635 Stillview Circle	Date of Disbursement 09 / 15 / 2010
	City Brandon State FL Zip Code 33510	Amount of Each Disbursement this Period 802.86
	Purpose of Disbursement Salary	Category/Type
	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:	

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

1315.70

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

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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) Gabriel Sebag	Transaction ID: D325082 Date of Disbursement 09 / 21 / 2010
	Mailing Address 635 Stillview Circle	Amount of Each Disbursement this Period 65.00
	City Brandon State FL Zip Code 33510	
	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) Gabriel Sebag	Transaction ID: D332786 Date of Disbursement 09 / 09 / 2010
	Mailing Address 635 Stillview Circle	Amount of Each Disbursement this Period 75.00
	City Brandon State FL Zip Code 33510	
	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) ▼

C.	Full Name (Last, First, Middle Initial) Gabriel Sebag	Transaction ID: D326782 Date of Disbursement 09 / 30 / 2010
	Mailing Address 635 Stillview Circle	Amount of Each Disbursement this Period 1060.72
	City Brandon State FL Zip Code 33510	
	Purpose of Disbursement Salary	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) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **1200.72**

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

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

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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) Philip Shaw	Transaction ID: D326803 Date of Disbursement 09 / 30 / 2010
	Mailing Address 24 Coventry Court	
	City Kissimmee State FL Zip Code 34758	Amount of Each Disbursement this Period 1378.60
	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) Philip Shaw	Transaction ID: D325042 Date of Disbursement 09 / 21 / 2010
	Mailing Address 24 Coventry Court	
	City Kissimmee State FL Zip Code 34758	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) Vito D Sheeley	Transaction ID: D325038 Date of Disbursement 09 / 21 / 2010
	Mailing Address 2111 Almeria Way South	
	City Saint Petersburg State FL Zip Code 33712	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) .....	▶	1508.60
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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) Vito D Sheeley</p> <p>Mailing Address 2111 Almeria Way South</p> <p>City Saint Petersburg State FL Zip Code 33712</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> D323467</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <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="1014.39"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Vito D Sheeley</p> <p>Mailing Address 2111 Almeria Way South</p> <p>City Saint Petersburg State FL Zip Code 33712</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> D326800</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="1014.39"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Vito D Sheeley</p> <p>Mailing Address 2111 Almeria Way South</p> <p>City Saint Petersburg State FL Zip Code 33712</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> D332785</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="75.00"/></p>

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

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

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

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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) Justin Shoham	Transaction ID: D326551 Date of Disbursement 09 / 30 / 2010
	Mailing Address 28 Lark PI	
	City Old Bridge State NJ Zip Code 08857-3062	Amount of Each Disbursement this Period 807.88
	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) Justin Shoham	Transaction ID: D324568 Date of Disbursement 09 / 15 / 2010
	Mailing Address 28 Lark PI	
	City Old Bridge State NJ Zip Code 08857-3062	Amount of Each Disbursement this Period 666.32
	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) Dana Singer	Transaction ID: D326795 Date of Disbursement 09 / 30 / 2010
	Mailing Address 11712 Starfish Ave	
	City Jacksonville State FL Zip Code 32246	Amount of Each Disbursement this Period 906.02
	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) .....	2380.22
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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) SKD Knickerbocker</p> <p>Mailing Address 1818 N Street, NW Suite 450</p> <p>City Washington State DC Zip Code 20036</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</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> D325675</p> <p>Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 19988.64</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jacob Smith</p> <p>Mailing Address 2121 Intracoastal Drive</p> <p>City Fort Lauderdale State FL Zip Code 33305</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> D324894</p> <p>Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jacob Smith</p> <p>Mailing Address 2121 Intracoastal Drive</p> <p>City Fort Lauderdale State FL Zip Code 33305</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> D323441</p> <p>Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 554.12</p>

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

20607.76

**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) Jacob Smith</p> <p>Mailing Address 2121 Intracoastal Drive</p> <p>City Fort Lauderdale State FL Zip Code 33305</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> D322558 <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) Jacob Smith</p> <p>Mailing Address 2121 Intracoastal Drive</p> <p>City Fort Lauderdale State FL Zip Code 33305</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> D326756 <b>Date of Disbursement:</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1037.54</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jacob Smith</p> <p>Mailing Address 2121 Intracoastal Drive</p> <p>City Fort Lauderdale State FL Zip Code 33305</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> D332772 <b>Date of Disbursement:</b> 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 75.00</p>

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

1177.54

**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) Mildred O. Smith</p> <p>Mailing Address 3550 Esplanade Way, #8107</p> <p>City Tallahassee State FL Zip Code 32811</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> D326705 <b>Date of Disbursement</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1512.05</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mildred O. Smith</p> <p>Mailing Address 3550 Esplanade Way, #8107</p> <p>City Tallahassee State FL Zip Code 32811</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>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mildred O. Smith</p> <p>Mailing Address 3550 Esplanade Way, #8107</p> <p>City Tallahassee State FL Zip Code 32811</p> <p>Purpose of Disbursement Travel/Meals 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> D323499 <b>Date of Disbursement</b> 09 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p>

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

4524.10

**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

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(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) Joshua Solomon</p> <p>Mailing Address 5575 NW 119th Drive</p> <p>City Pompano Beach State FL Zip Code 33076</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> D324658 <b>Date of Disbursement</b> 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 245.31</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Joshua Solomon</p> <p>Mailing Address 5575 NW 119th Drive</p> <p>City Pompano Beach State FL Zip Code 33076</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> D322564 <b>Date of Disbursement</b> 09 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 88.75</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Joshua Solomon</p> <p>Mailing Address 5575 NW 119th Drive</p> <p>City Pompano Beach State FL Zip Code 33076</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> D326606 <b>Date of Disbursement</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 150.07</p>

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

484.13

**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)

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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) Naomi Soto</p> <p>Mailing Address 494 Green Spring Circle</p> <p>City Winter Springs State FL Zip Code 32708</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> D326611</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="214.40"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Naomi Soto</p> <p>Mailing Address 494 Green Spring Circle</p> <p>City Winter Springs State FL Zip Code 32708</p> <p>Purpose of Disbursement Per Diem</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> D333696</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="105.60"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Reamonn Soto</p> <p>Mailing Address 2110 Hagan Drive</p> <p>City Tallahassee State FL Zip Code 32303</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> D326558</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="110.82"/></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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Southwest Airlines</p> <p>Mailing Address 2425 Wyman St</p> <p>City Dallas State TX Zip Code 75235-2501</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</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> D325924</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="660.10"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Clint Starling</p> <p>Mailing Address 3801 Summer Wind Dr.</p> <p>City Winter Park State FL Zip Code 32792</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> D326609</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="321.60"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Clint Starling</p> <p>Mailing Address 3801 Summer Wind Dr.</p> <p>City Winter Park State FL Zip Code 32792</p> <p>Purpose of Disbursement Per Diem</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> D333695</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="158.40"/></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

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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) Conrad Stormam	Transaction ID: D323461 Date of Disbursement
	Mailing Address 2625 SW 75th Street, Apt 1331	<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City Gainesville State FL Zip Code 32608	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Candidate Name	<input type="text" value="1625.86"/>
	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) Conrad Stroman	Transaction ID: D326791 Date of Disbursement
	Mailing Address 2625 SW 75th Street, Apt 1331	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Gainesville State FL Zip Code 32608	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Candidate Name	<input type="text" value="1625.86"/>
	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) Rafael Suarez	Transaction ID: D326508 Date of Disbursement
	Mailing Address 100 Golden Isles Dr Apt 1003	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Hallandale Beach State FL Zip Code 33009-8811	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Candidate Name	<input type="text" value="316.33"/>
	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="3568.05"/>
<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) 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.	Full Name (Last, First, Middle Initial) Omar Syed	Transaction ID: D322559 Date of Disbursement 09 / 01 / 2010
	Mailing Address 13538 Lake Maydalene Drive	Amount of Each Disbursement this Period 65.00
	City Tampa State FL Zip Code 33613	
	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) Omar Syed	Transaction ID: D324896 Date of Disbursement 09 / 20 / 2010
	Mailing Address 13538 Lake Maydalene Drive	Amount of Each Disbursement this Period 65.00
	City Tampa State FL Zip Code 33613	
	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) ..... ▶

175.63

**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  
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FOR LINE NUMBER:  
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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) Omar Syed	Transaction ID: D326752 Date of Disbursement 09 / 30 / 2010
	Mailing Address 13538 Lake Maydalene Drive	Amount of Each Disbursement this Period 1037.56
	City Tampa State FL Zip Code 33613	
	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 Maydalene Drive	Amount of Each Disbursement this Period 1037.55
	City Tampa State FL Zip Code 33613	
	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) Omar Syed	Transaction ID: D332006 Date of Disbursement 09 / 09 / 2010
	Mailing Address 13538 Lake Maydalene Drive	Amount of Each Disbursement this Period 75.00
	City Tampa State FL Zip Code 33613	
	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) .....	▶	2150.11
<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) Joseph Szerejko</p> <p>Mailing Address 15 Thicket Lane</p> <p>City West Hartford State CT Zip Code 06107</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> D332780</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>B.</b> Full Name (Last, First, Middle Initial) Joseph Szerejko</p> <p>Mailing Address 15 Thicket Lane</p> <p>City West Hartford State CT Zip Code 06107</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> D326792</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="1501.40"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Joseph Szerejko</p> <p>Mailing Address 15 Thicket Lane</p> <p>City West Hartford State CT Zip Code 06107</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> D325064</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>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1666.40"/>
<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) Joseph Szerejko</p> <p>Mailing Address 15 Thicket Lane</p> <p>City West Hartford State CT Zip Code 06107</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> D323462</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="1753.95"/></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</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> D328531</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="93.28"/></p>
<p><b>C.</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</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> D328798</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="374.07"/></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) 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	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 South Ocean Drive	<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 South Ocean Drive	<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)

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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) The Westin Diplomat Resort &amp; Spa</p> <p>Mailing Address 3555 South Ocean Drive</p> <p>City Hollywood State FL Zip Code 33019-2827</p> <p>Purpose of Disbursement Travel/Meals</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> D325919</p> <p>Date of Disbursement 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 126.04</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) The Westin Diplomat Resort &amp; Spa</p> <p>Mailing Address 3555 South Ocean Drive</p> <p>City Hollywood State FL Zip Code 33019-2827</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> D325920</p> <p>Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 198.69</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) The Westin Diplomat Resort &amp; Spa</p> <p>Mailing Address 3555 South Ocean Drive</p> <p>City Hollywood State FL Zip Code 33019-2827</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> D325921</p> <p>Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 198.69</p>

**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 South Ocean Drive	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 South Ocean Drive	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 South Ocean Drive	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) Kyree Thomas	Transaction ID: D326567 Date of Disbursement 09 / 30 / 2010
	Mailing Address 1809 Gina Drive	
	City Tallahassee State FL Zip Code 32305	Amount of Each Disbursement this Period 150.07
	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) Karen L. Thurman	Transaction ID: D326721 Date of Disbursement 09 / 30 / 2010
	Mailing Address 9067 S.W. 190th Ave., Rd.	
	City Dunnellon State FL Zip Code 34423	Amount of Each Disbursement this Period 3232.95
	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) Karen L. Thurman	Transaction ID: D323423 Date of Disbursement 09 / 15 / 2010
	Mailing Address 9067 S.W. 190th Ave., Rd.	
	City Dunnellon State FL Zip Code 34423	Amount of Each Disbursement this Period 3232.95
	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) .....

6615.97

**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) Christopher Turner</p> <p>Mailing Address 2500 Merchants Row Blvd Apt 64</p> <p>City Tallahassee State FL Zip Code 32311-3658</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>B.</b> Full Name (Last, First, Middle Initial) Christopher Turner</p> <p>Mailing Address 2500 Merchants Row Blvd Apt 64</p> <p>City Tallahassee State FL Zip Code 32311-3658</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>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Tyson Organization</p> <p>Mailing Address 855 Texas Street Suite 100</p> <p>City Fort Worth State TX Zip Code 76102</p> <p>Purpose of Disbursement Telephone Calls 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 <b>Date of Disbursement:</b> 09 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 9000.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>11663.95</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) 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	
	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: D332750 Date of Disbursement 09 / 09 / 2010
	Mailing Address 2309 Old Bainbridge Rd # 101 C	Amount of Each Disbursement this Period 75.00
	City Tallahassee State FL Zip Code 32303-3805	
	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) .....	1969.90
<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: 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.	Full Name (Last, First, Middle Initial) Adam Unger	Transaction ID: D322811 Date of Disbursement 09 / 02 / 2010
	Mailing Address 2309 Old Bainbridge Rd # 101 C	Amount of Each Disbursement this Period 923.50
	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: 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>SUBTOTAL</b> of Disbursements This Page (optional) .....	2142.87
<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 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) 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	
	Purpose of Disbursement Air Travel	
	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) Ashley Walker	Transaction ID: D325557 Date of Disbursement 09 / 24 / 2010
	Mailing Address 1007 N. Federal Highway #D7 1010 Seminole Dr., #1001	Amount of Each Disbursement this Period 1204.06
	City Ft. Lauderdale State FL Zip Code 33304	
	Purpose of Disbursement Admin Office Supplies	
	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) Ashley Walker	Transaction ID: D322873 Date of Disbursement 09 / 09 / 2010
	Mailing Address 1007 N. Federal Highway #D7 1010 Seminole Dr., #1001	Amount of Each Disbursement this Period 2227.35
	City Ft. Lauderdale State FL Zip Code 33304	
	Purpose of Disbursement Travel Expense	
	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) .....	<b>3699.81</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) 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 Consulting/Communications 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) 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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>35269.08</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) James Wheeler	Transaction ID: D332756 Date of Disbursement 09 / 09 / 2010
	Mailing Address 2418 Teresa Cir Apt D	Amount of Each Disbursement this Period 100.00
	City Tampa State FL Zip Code 33629-6148	
	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) 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	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) James Wheeler	Transaction ID: D322812 Date of Disbursement 09 / 02 / 2010
	Mailing Address 2418 Teresa Cir Apt D	Amount of Each Disbursement this Period 1279.28
	City Tampa State FL Zip Code 33629-6148	
	Purpose of Disbursement Salary	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) .....	▶	1444.28
<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) James Wheeler	Transaction ID: D323445 Date of Disbursement 09 / 15 / 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: D323339 Date of Disbursement 09 / 15 / 2010
	Mailing Address 710 13th Avenue South	Amount of Each Disbursement this Period 375.00
	City Jacksonville Beach State FL Zip Code 32250	
	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 Avenue South	Amount of Each Disbursement this Period 1230.93
	City Jacksonville Beach State FL Zip Code 32250	
	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) .....	▶	2643.48
<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) Jennifer Whitcomb	Transaction ID: D322560 Date of Disbursement 09 / 01 / 2010
	Mailing Address 710 13th Avenue South	Amount of Each Disbursement this Period 65.00
	City Jacksonville Beach State FL Zip Code 32250	
	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) Jennifer Whitcomb	Transaction ID: D324899 Date of Disbursement 09 / 20 / 2010
	Mailing Address 710 13th Avenue South	Amount of Each Disbursement this Period 65.00
	City Jacksonville Beach State FL Zip Code 32250	
	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: D332759 Date of Disbursement 09 / 09 / 2010
	Mailing Address 710 13th Avenue South	Amount of Each Disbursement this Period 250.00
	City Jacksonville Beach State FL Zip Code 32250	
	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) .....	<b>380.00</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 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 Avenue South</p> <p>City Jacksonville Beach State FL Zip Code 32250</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> D326758 <b>Date of Disbursement</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1501.40</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Delbert Williams</p> <p>Mailing Address 1581 Payne Street</p> <p>City Tallahassee State FL Zip Code 32303</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> D326588 <b>Date of Disbursement</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 184.70</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Robert Williams</p> <p>Mailing Address 3612 S. Lakewood Drive</p> <p>City Tallahassee State FL Zip Code 32305</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> D326594 <b>Date of Disbursement</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 184.70</p>

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

1870.80

**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)

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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) Gordon Wilson  Mailing Address 802 Wildwood Circle  City Port Orange State FL Zip Code 32127  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> D326521 <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 821.02
<b>B.</b>	Full Name (Last, First, Middle Initial) Gordon Wilson  Mailing Address 802 Wildwood Circle  City Port Orange State FL Zip Code 32127  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> D324662 <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 821.02
<b>C.</b>	Full Name (Last, First, Middle Initial) Matthew Wilson  Mailing Address 5760 Braveheart Way  City Tallahassee State FL Zip Code 32317  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> D324382 <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 821.02

**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)

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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) Matthew Wilson</p> <p>Mailing Address 5760 Braveheart Way</p> <p>City Tallahassee State FL Zip Code 32317</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> D326183</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="821.02"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) WRI-TC</p> <p>Mailing Address 2720 East Colonial Drive</p> <p>City Orlando State FL Zip Code 32803</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> D322905</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1076.67"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kiara Wright</p> <p>Mailing Address 410 Victory Garden, Apt 75</p> <p>City Tallahassee State FL Zip Code 32303</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> D326593</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="355.55"/></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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Sabrina Diz</p> <p>Mailing Address 7180 Park St</p> <p>City Hollywood State FL Zip Code 33024-3838</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> <p>Category/Type</p>
<p><b>B.</b> 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 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> D322317 <b>Date of Disbursement</b> 09 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>[MEMO ITEM]</p> <p>Category/Type</p>
<p><b>C.</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 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> D322319 <b>Date of Disbursement</b> 09 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 87.17</p> <p>[MEMO ITEM]</p> <p>Category/Type</p>

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

355.94

**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) Florida's Turnpike	Transaction ID: D322318 Date of Disbursement 09 / 01 / 2010
	Mailing Address Turnpike Mile Post 263 Bldg. 5315	Amount of Each Disbursement this Period 16.50
	City Ocoee State FL Zip Code 34761	
	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) Shell Gas - Corporate	Transaction ID: D322320 Date of Disbursement 09 / 01 / 2010
	Mailing Address P.O. Box 2463	Amount of Each Disbursement this Period 152.27
	City Houston State TX Zip Code 77252	
	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) 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 State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

58.49

**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)  
Shell Gas - Corporate

Mailing Address P.O. Box 2463

City Houston State TX Zip Code 77252

Purpose of Disbursement Auto Travel

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: D322593  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
Matthew Wilson

Mailing Address 5760 Braveheart Way

City Tallahassee State FL Zip Code 32317

Purpose of Disbursement Staff Reimbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: D322906  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
Matthew Wilson

Mailing Address 5760 Braveheart Way

City Tallahassee State FL Zip Code 32317

Purpose of Disbursement Auto Travel

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: D322907  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

[MEMO ITEM]

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Lucas P Barks</p> <p>Mailing Address 71 Gray Road</p> <p>City Gorham State ME Zip Code 04038</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> D322908</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="216.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Shell Gas - Corporate</p> <p>Mailing Address P.O. Box 2463</p> <p>City Houston State TX Zip Code 77252</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> D322909</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="89.00"/></p> <p><b>[MEMO ITEM]</b></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</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> D322911</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="27.00"/></p> <p><b>[MEMO ITEM]</b></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="216.00"/>
<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 201 / 278

<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) Verizon Wireless</p> <p>Mailing Address P.O. Box 660108</p> <p>City Dallas State TX Zip Code 75266</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> D322910 <b>Date of Disbursement:</b> 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><b>[MEMO ITEM]</b></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 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> D322934 <b>Date of Disbursement:</b> 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 210.01</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Shell Gas - Corporate</p> <p>Mailing Address P.O. Box 2463</p> <p>City Houston State TX Zip Code 77252</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> D322935 <b>Date of Disbursement:</b> 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 210.01</p> <p><b>[MEMO ITEM]</b></p>

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

210.01

**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) Kevin Chambliss</p> <p>Mailing Address 746 N Annie Glidden Rd Apt 404</p> <p>City Dekalb State IL Zip Code 60115-2130</p> <p>Purpose of Disbursement Staff Reimbursement 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> D322936 <b>Date of Disbursement</b> 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 252.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Chevron</p> <p>Mailing Address 501 El Camino Real</p> <p>City San Ramon State CA Zip Code 94030</p> <p>Purpose of Disbursement Auto Travel 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> D322938 <b>Date of Disbursement</b> 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 152.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Virgin Mobile</p> <p>Mailing Address 100 E MAGNOLIA DR</p> <p>City Tallahassee State FL Zip Code 32301</p> <p>Purpose of Disbursement Admin Cell Phone 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> D322937 <b>Date of Disbursement</b> 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><b>[MEMO ITEM]</b></p>

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

252.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 203 / 278

<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 7180 Park St	Amount of Each Disbursement this Period 235.77
	City Hollywood State FL Zip Code 33024-3838	
	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 37380	Amount of Each Disbursement this Period 100.00
	City Albuquerque State NM Zip Code 87176-7380	
	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 P.O. Box 2463	Amount of Each Disbursement this Period 52.89
	City Houston State TX Zip Code 77252	
	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) Sprint	Transaction ID: D322943 Date of Disbursement 09 / 09 / 2010
	Mailing Address 6450 Sprint Parkway	Amount of Each Disbursement this Period 71.10
	City Overland Park State KS Zip Code 66251	
	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) .....	▶	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)

<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) John Estes	Transaction ID: D322945 Date of Disbursement 09 / 09 / 2010
	Mailing Address 9884 SW 26th Ter	
	City Miami State FL Zip Code 33165-2627	Amount of Each Disbursement this Period 203.22
	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: D322947 Date of Disbursement 09 / 09 / 2010
	Mailing Address P.O. Box 2463	
	City Houston State TX Zip Code 77252	Amount of Each Disbursement this Period 138.57
	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: D322946 Date of Disbursement 09 / 09 / 2010
	Mailing Address 6450 Sprint Parkway	
	City Overland Park State KS Zip Code 66251	Amount of Each Disbursement this Period 64.65
	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) .....	▶	203.22
<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

A.	Full Name (Last, First, Middle Initial) Emily McIlveene	Transaction ID: D322948 Date of Disbursement 09 / 09 / 2010
	Mailing Address 2772 SW 137th Ave	Amount of Each Disbursement this Period 261.84
	City Miami State FL Zip Code 33175-6638	
	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) Florida's Turnpike	Transaction ID: D322951 Date of Disbursement 09 / 09 / 2010
	Mailing Address Turnpike Mile Post 263 Bldg. 5315	Amount of Each Disbursement this Period 3.75
	City Ocoee State FL Zip Code 34761	
	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) Shell Gas - Corporate	Transaction ID: D322950 Date of Disbursement 09 / 09 / 2010
	Mailing Address P.O. Box 2463	Amount of Each Disbursement this Period 158.09
	City Houston State TX Zip Code 77252	
	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) .....	▶	261.84
<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 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 P.O. Box 660108 City Dallas State TX Zip Code 75266 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: D322949 Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2010
	Amount of Each Disbursement this Period 100.00 [MEMO ITEM]

<b>B.</b> Full Name (Last, First, Middle Initial) Andrea D Huerfano Mailing Address 2949 Riverside Drivr, Apt 227 City Pompano Beach State FL Zip Code 33065 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: D322952 Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2010
	Amount of Each Disbursement this Period 287.18

<b>C.</b> Full Name (Last, First, Middle Initial) Chevron Mailing Address 501 El Camino Real City San Ramon State CA Zip Code 94030 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: D322953 Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2010
	Amount of Each Disbursement this Period 148.18 [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	287.18
<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)

<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) Metro PCS</p> <p>Mailing Address Downtown</p> <p>City Miami State FL Zip Code 33165</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> D322954</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="99.00"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Sunpass</p> <p>Mailing Address 605 Suwannee St.</p> <p>City Tallahassee State FL Zip Code 32399</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> D322955</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="40.00"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Tarin Nix</p> <p>Mailing Address 11121 N Kendall Dr Apt A104</p> <p>City Miami State FL Zip Code 33176-0905</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> D322956</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="421.43"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="421.43"/>
<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) 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 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>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 M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 1 0
	Amount of Each Disbursement this Period 281.43 [MEMO ITEM]

<b>C.</b> Full Name (Last, First, Middle Initial) Sunpass Mailing Address 605 Suwannee St. City Tallahassee State FL Zip Code 32399 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 M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 1 0
	Amount of Each Disbursement this Period 40.00 [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)

PAGE 210 / 278

<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: D322962 Date of Disbursement 09 / 09 / 2010
	Mailing Address 822 E 15th Ave	
	City New Smyrna Beach State FL Zip Code 32169-3404	Amount of Each Disbursement this Period 109.63
	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: D322963 Date of Disbursement 09 / 09 / 2010
	Mailing Address 822 E 15th Ave	
	City New Smyrna Beach State FL Zip Code 32169-3404	Amount of Each Disbursement this Period 109.63
	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) Hector Martinez	Transaction ID: D322965 Date of Disbursement 09 / 09 / 2010
	Mailing Address 11100 SW 46th St	
	City Miami State FL Zip Code 33165-4735	Amount of Each Disbursement this Period 231.59
	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) .....	▶	341.22
<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)

PAGE 211 / 278

<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) AT&T Mobility	Transaction ID: D322967 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]

B.	Full Name (Last, First, Middle Initial) Mobil Gas	Transaction ID: D322966 Date of Disbursement 09 / 09 / 2010
	Mailing Address 4705 W Lake Mary Blvd	Amount of Each Disbursement this Period 131.59
	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) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Maria Quezada	Transaction ID: D322968 Date of Disbursement 09 / 09 / 2010
	Mailing Address 322 E Mayfield Blvd	Amount of Each Disbursement this Period 447.00
	City San Antonio State TX Zip Code 78214-2448	
	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) .....	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)

PAGE 212 / 278

<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) AT&T Mobility	Transaction ID: D322970 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]

B.	Full Name (Last, First, Middle Initial) Mobil Gas	Transaction ID: D322969 Date of Disbursement 09 / 09 / 2010
	Mailing Address 4705 W Lake Mary Blvd	Amount of Each Disbursement this Period 347.00
	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) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Esther Arregui	Transaction ID: D322971 Date of Disbursement 09 / 09 / 2010
	Mailing Address 902 Lisbon St	Amount of Each Disbursement this Period 14.22
	City Coral Gables State FL Zip Code 33134-2240	
	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) ▼

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

14.22

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

<b>A.</b> Full Name (Last, First, Middle Initial) Citgo - Corporate <hr/> Mailing Address 1293 Eldridge Pkwy <hr/> City Houston State TX Zip Code 77077-1670 <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: D323020 Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2010
	Amount of Each Disbursement this Period 14.22
	[MEMO ITEM]
	Category/ Type

<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 <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: D323009 Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2010
	Amount of Each Disbursement this Period 227.47
	[MEMO ITEM]
	Category/ Type

<b>C.</b> Full Name (Last, First, Middle Initial) Citgo - Corporate <hr/> Mailing Address 1293 Eldridge Pkwy <hr/> City Houston State TX Zip Code 77077-1670 <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: D323013 Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2010
	Amount of Each Disbursement this Period 127.47
	[MEMO ITEM]
	Category/ Type

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

227.47

**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: D323012 Date of Disbursement 09 / 09 / 2010
	Mailing Address P.O. Box 660108	Amount of Each Disbursement this Period 100.00
	City Dallas State TX Zip Code 75266	
	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) 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) ▼

C.	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]

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Citgo - Corporate <hr/> Mailing Address 1293 Eldridge Pkwy <hr/> City Houston State TX Zip Code 77077-1670 <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: D323022 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 137.91
	[MEMO ITEM]
	Category/ Type

<b>B.</b> Full Name (Last, First, Middle Initial) Jordan J Budd <hr/> Mailing Address 128 Century Dr <hr/> City Easley State SC Zip Code 29642 <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: D323342 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 192.06
	[MEMO ITEM]
	Category/ Type

<b>C.</b> Full Name (Last, First, Middle Initial) Jordan J Budd <hr/> Mailing Address 128 Century Dr <hr/> City Easley State SC Zip Code 29642 <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: D323343 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 192.06
	[MEMO ITEM]
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	192.06
<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) Christopher Turner	Transaction ID: D324875 Date of Disbursement 09 / 22 / 2010
	Mailing Address 2500 Merchants Row Blvd Apt 64	Amount of Each Disbursement this Period 239.85
	City Tallahassee State FL Zip Code 32311-3658	
	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) Publix Super Markets, Inc.	Transaction ID: D324876 Date of Disbursement 09 / 22 / 2010
	Mailing Address PO Box 407	Amount of Each Disbursement this Period 239.85
	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]

C.	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>712.88</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) Ashley Ball  Mailing Address 822 E 15th Ave  City New Smyrna Beach State FL Zip Code 32169-3404  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: D324912 Date of Disbursement 09 / 21 / 2010  Amount of Each Disbursement this Period 406.10  [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Publix Super Markets, Inc.  Mailing Address 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: D324914 Date of Disbursement 09 / 21 / 2010  Amount of Each Disbursement this Period 66.93  [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Mildred O. Smith  Mailing Address 3550 Esplanade Way, #8107  City Tallahassee State FL Zip Code 32811  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: D325318 Date of Disbursement 09 / 17 / 2010  Amount of Each Disbursement this Period 334.98

**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) Florida's Turnpike	Transaction ID: D325320 Date of Disbursement 09 / 17 / 2010
	Mailing Address Turnpike Mile Post 263 Bldg. 5315	Amount of Each Disbursement this Period 17.25
	City Ocoee State FL Zip Code 34761	
	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) Shell Gas - Corporate	Transaction ID: D325319 Date of Disbursement 09 / 17 / 2010
	Mailing Address P.O. Box 2463	Amount of Each Disbursement this Period 317.73
	City Houston State TX Zip Code 77252	
	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) Michael Gray	Transaction ID: D325536 Date of Disbursement 09 / 24 / 2010
	Mailing Address 920 3rd Avenue	Amount of Each Disbursement this Period 233.08
	City New Smyrna Beach State FL Zip Code 32170	
	Purpose of Disbursement Staff 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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	233.08
<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)

<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) Michael Gray</p> <p>Mailing Address 920 3rd Avenue</p> <p>City New Smyrna Beach State FL Zip Code 32170</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> D325537</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="233.08"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ogden Frank Clark</p> <p>Mailing Address 3100 NE 49th Street</p> <p>City Fort Lauderdale State FL Zip Code 33308</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> D325538</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="302.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Blue Cross and Blue Shield of Florida</p> <p>Mailing Address P.O. Box 2210</p> <p>City Jacksonville State FL Zip Code 32232-5005</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</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> D325539</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="302.00"/></p> <p><b>[MEMO ITEM]</b></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="302.00"/>
<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) Dan Finer</p> <p>Mailing Address 6050 River Trace Road</p> <p>City Tampa State FL Zip Code 33617</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> D325540</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="18.17"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Hannafor Brand Foods</p> <p>Mailing Address 8 Merchants Way</p> <p>City Middleboro State MA Zip Code 02346-1818</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> D325541</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="18.17"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Connor Davis</p> <p>Mailing Address 316 8th St. South Ste. 701</p> <p>City St. Petersburg State FL Zip Code 33701</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="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="100.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="118.17"/>
<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) Miguel Reinoso	Transaction ID: D325547 Date of Disbursement 09 / 24 / 2010
	Mailing Address 8325 June Street	Amount of Each Disbursement this Period 100.00
	City Tampa State FL Zip Code 33615	
	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.	Full Name (Last, First, Middle Initial) Mr. Stephen N Carville	Transaction ID: D325700 Date of Disbursement 09 / 28 / 2010
	Mailing Address 2401 W. Morrison Ave., Apt 212 6610 Burden Ln	Amount of Each Disbursement this Period 74.69
	City Tampa State FL Zip Code 33609	
	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) Mr. Stephen N Carville	Transaction ID: D325701 Date of Disbursement 09 / 28 / 2010
	Mailing Address 2401 W. Morrison Ave., Apt 212 6610 Burden Ln	Amount of Each Disbursement this Period 74.69
	City Tampa State FL Zip Code 33609	
	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) .....	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) 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	
	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) ▼

B.	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 Miami State FL Zip Code 33134	
	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) Verizon Wireless	Transaction ID: D326038 Date of Disbursement 09 / 28 / 2010
	Mailing Address P.O. Box 660108	Amount of Each Disbursement this Period 360.00
	City Dallas State TX Zip Code 75266	
	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) .....	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)

PAGE 223 / 278

<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) Pamela Rivera	Transaction ID: D326041 Date of Disbursement 09 / 30 / 2010
	Mailing Address 232 Afton Square, Apt 212	Amount of Each Disbursement this Period 262.01
	City Altamonte Springs State FL Zip Code 32714	
	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) ▼

B.	Full Name (Last, First, Middle Initial) Pamela Rivera	Transaction ID: D326042 Date of Disbursement 09 / 30 / 2010
	Mailing Address 232 Afton Square, Apt 212	Amount of Each Disbursement this Period 155.52
	City Altamonte Springs State FL Zip Code 32714	
	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: D326043 Date of Disbursement 09 / 30 / 2010
	Mailing Address PO Box 37380	Amount of Each Disbursement this Period 106.49
	City Albuquerque State NM Zip Code 87176-7380	
	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) .....	▶	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)

<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) Michael Gray</p> <p>Mailing Address 920 3rd Avenue</p> <p>City New Smyrna Beach State FL Zip Code 32170</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> D326044</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="531.09"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Michael Gray</p> <p>Mailing Address 920 3rd Avenue</p> <p>City New Smyrna Beach State FL Zip Code 32170</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> D326045</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="411.09"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address P.O. Box 660108</p> <p>City Dallas State TX Zip Code 75266</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> D326046</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="120.00"/></p> <p><b>[MEMO ITEM]</b></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="531.09"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text" value=""/></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)

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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 472 W. Jefferson St. Apt 318</p> <p>City Tallahassee State FL Zip Code 32301</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> D326047</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="479.75"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Checkers Drive-In Restaurants, Inc.</p> <p>Mailing Address PO Box 1079</p> <p>City Clearwater State FL Zip Code 33757-1079</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</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> D326049</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="8.68"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Christopher Lazo</p> <p>Mailing Address 472 W. Jefferson St. Apt 318</p> <p>City Tallahassee State FL Zip Code 32301</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> D326048</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="471.07"/></p> <p><b>[MEMO ITEM]</b></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="479.75"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="1257561.98"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 226 / 278	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> 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 H2 (FEC Form 3X) ALLOCATION RATIOS

PAGE 27 / 278

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.

ACTIVITY OR EVENT IDENTIFIER

**Fundraising**

ACTIVITY IS:

 Fundraising       Direct Candidate Support

CHECK IF THE RATIO IS:

 New       Revised       Same as Previously Reported

FEDERAL %

19.00 %

NONFEDERAL %

81.00 %

Transaction ID:  
R75

**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 0 9 / 0 3 / 2 0 1 0	315212.79

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....		167543.39	Transaction ID: T475
<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) Jefferson Jackson 2010	147669.40		Transaction ID: T476
b) _____			Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		147669.40	
<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) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> This Period (Total Amount Transferred) .....	

**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 0 9 / 2 7 / 2 0 1 0	93671.06

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	93671.06	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) .....	261214.45
<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) .....	147669.40
<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) .....	408883.85

**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> American Express Merchant Services			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 53852			Allocated Activity or Event Year-To-Date 957842.41		
City Phoenix	State AZ	Zip Code 85072-3852	Date MM / DD / YYYY 09 / 01 / 2010		
Purpose of Disbursement: Merchant Service Fee			Transaction ID: D328794		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
572.62		2154.15		2726.77

<b>B. Full Name (Last, First, Middle Initial)</b> American Express Merchant Services			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 53852			Allocated Activity or Event Year-To-Date 957842.41		
City Phoenix	State AZ	Zip Code 85072-3852	Date MM / DD / YYYY 09 / 20 / 2010		
Purpose of Disbursement: Merchant Service Fee			Transaction ID: D328772		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
61.38		230.91		292.29

<b>C. 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 957842.41		
City Tallahassee	State FL	Zip Code 32301-1419	Date MM / DD / YYYY 09 / 10 / 2010		
Purpose of Disbursement: Admin Lease/Rent			Transaction ID: D322888		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
801.41		3014.84		3816.25

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1435.41		5399.90		6835.31

**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

**A. Full Name (Last, First, Middle Initial)**  
Bella Bella  
**Mailing Address**  
123 E 5th Ave  
**City** Tallahassee **State** FL **Zip Code** 32303-6122  
**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**  
957842.41  
**Date** 09 / 13 / 2010  
**Transaction ID:** D324886

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
33.86		127.39		161.25

**B. Full Name (Last, First, Middle Initial)**  
Blue Cross and Blue Shield of Florida  
**Mailing Address**  
P.O. Box 2210  
**City** Jacksonville **State** FL **Zip Code** 32232-5005  
**Purpose of Disbursement:**  
Benefits  
**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**  
957842.41  
**Date** 09 / 02 / 2010  
**Transaction ID:** D322575

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1285.46		4835.80		6121.26

**C. Full Name (Last, First, Middle Initial)**  
Blue State Digital, LLC  
**Mailing Address**  
734 15th Street, NW, Suite 1200  
**City** Washington **State** DC **Zip Code** 20005  
**Purpose of Disbursement:**  
Admin Website  
**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**  
957842.41  
**Date** 09 / 10 / 2010  
**Transaction ID:** D322885

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
1623.45		6107.31		7730.76

**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 957842.41																						
City	State	Zip Code	Category/Type																						
Tallahassee	FL	32301-5527																							
Purpose of Disbursement: Admin Lease/Rent			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>			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																
Activity or Event Identifier: Administrative			Transaction ID: D322886																						

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 957842.41																						
City	State	Zip Code	Category/Type																						
Tallahassee	FL	32301-5527																							
Purpose of Disbursement: Admin Lease/Rent			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>			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																
Activity or Event Identifier: Administrative			Transaction ID: D326004																						

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 Drive			Allocated Activity or Event Year-To-Date 957842.41																						
City	State	Zip Code	Category/Type																						
Tallahassee	FL	32308																							
Purpose of Disbursement: Consulting/Compliance			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>			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																
Activity or Event Identifier: Administrative			Transaction ID: D322883																						

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 P.O. Box 96064			Allocated Activity or Event Year-To-Date 957842.41		
City Charlotte	State NC	Zip Code 28296	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 / 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 P. O. Box 10302			Allocated Activity or Event Year-To-Date 957842.41		
City Tallahassee	State FL	Zip Code 32302	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: 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 P. O. Box 10302			Allocated Activity or Event Year-To-Date 957842.41		
City Tallahassee	State FL	Zip Code 32302	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 / 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)(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> Christopher Lazo			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 472 W. Jefferson St. Apt 318			Allocated Activity or Event Year-To-Date 957842.41		
City Tallahassee	State FL	Zip Code 32301	Date <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Salary			Transaction ID: D326731		
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> Christopher Lazo			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 472 W. Jefferson St. Apt 318			Allocated Activity or Event Year-To-Date 957842.41		
City Tallahassee	State FL	Zip Code 32301	Date <input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Salary			Transaction ID: D323428		
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> City of Tallahassee			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 600 N Monroe St			Allocated Activity or Event Year-To-Date 957842.41		
City Tallahassee	State FL	Zip Code 32301-1262	Date <input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Admin Utilities			Transaction ID: D325574		
Activity or Event Identifier: Administrative					

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 957842.41																						
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 Street			Allocated Activity or Event Year-To-Date 957842.41																						
City	State	Zip Code	Category/ Type																						
Panama City	FL	32405																							
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 P.O. Box 740597			Allocated Activity or Event Year-To-Date 957842.41																						
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)(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> 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 957842.41		
City Lake Buena Vista	State FL	Zip Code 32830-6000	Date MM / DD / YYYY 09 / 01 / 2010		
Purpose of Disbursement: Site Rental			Transaction ID: D321959		
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> Elavon Merchant Services			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 Concourse Pkwy NE Ste 300			Allocated Activity or Event Year-To-Date 957842.41		
City Atlanta	State GA	Zip Code 30328-5346	Date MM / DD / YYYY 09 / 02 / 2010		
Purpose of Disbursement: Merchant Service Fee			Transaction ID: D328795		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
268.55		1010.26		1278.81

<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 Court			Allocated Activity or Event Year-To-Date 957842.41		
City Melbourne	State FL	Zip Code 32904	Date MM / DD / YYYY 09 / 15 / 2010		
Purpose of Disbursement: Salary			Transaction ID: D323418		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
331.94		1248.72		1580.66

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
12150.49		45708.98		57859.47

**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 Court			Allocated Activity or Event Year-To-Date 957842.41		
City Melbourne	State FL	Zip Code 32904	Date <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Salary			Transaction ID: D326699		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
331.94		1248.71		1580.65

<b>B. Full Name (Last, First, Middle Initial)</b> Everest National Insurance Company			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 917807			Allocated Activity or Event Year-To-Date 957842.41		
City Orlando	State FL	Zip Code 32891-7807	Date <input type="text" value="09"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Benefits			Transaction ID: D322509		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
50.67		190.61		241.28

<b>C. Full Name (Last, First, Middle Initial)</b> FedEx Express Corporations			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 727			Allocated Activity or Event Year-To-Date 957842.41		
City Memphis	State TN	Zip Code 38194-0001	Date <input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Admin Shipping			Transaction ID: D325914		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.89		22.14		28.03

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
388.50		1461.46		1849.96

**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> Florida Department of Revenue			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 5050 West Tennessee Street			Allocated Activity or Event Year-To-Date 957842.41		
City Tallahassee	State FL	Zip Code 32399-0135	Date <input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Sales Tax			Transaction ID: D322562		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.51		20.74		26.25

<b>B. Full Name (Last, First, Middle Initial)</b> Goodies Eatery			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 116 E College Ave			Allocated Activity or Event Year-To-Date 957842.41		
City Tallahassee	State FL	Zip Code 32301-7704	Date <input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Lunch Meeting			Transaction ID: D324747		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.12		15.52		19.64

<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., Suite 1601			Allocated Activity or Event Year-To-Date 957842.41		
City NY	State NY	Zip Code 10019	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
14.71		55.36		70.07

**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> 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., Suite 1601			Allocated Activity or Event Year-To-Date 957842.41		
City NY	State NY	Zip Code 10019	Date MM / DD / YYYY 09 / 02 / 2010		
Purpose of Disbursement: Admin Internet			Transaction ID: D322869		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
250.38		941.92		1192.30

<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., Suite 1601			Allocated Activity or Event Year-To-Date 957842.41		
City NY	State NY	Zip Code 10019	Date MM / DD / YYYY 09 / 15 / 2010		
Purpose of Disbursement: Admin Internet			Transaction ID: D328774		
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., Suite 1601			Allocated Activity or Event Year-To-Date 957842.41		
City NY	State NY	Zip Code 10019	Date MM / DD / YYYY 09 / 15 / 2010		
Purpose of Disbursement: Admin Internet			Transaction ID: D328775		
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
253.10		952.16		1205.26

**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., Suite 1601			Allocated Activity or Event Year-To-Date 957842.41		
City NY	State NY	Zip Code 10019	Date <input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>		
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

<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., Suite 1601			Allocated Activity or Event Year-To-Date 957842.41		
City NY	State NY	Zip Code 10019	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>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., Suite 1601			Allocated Activity or Event Year-To-Date 957842.41		
City NY	State NY	Zip Code 10019	Date <input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Admin Internet			Transaction ID: D325900		
Activity or Event Identifier: Administrative					

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		11.61		14.69

**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., Suite 1601			Allocated Activity or Event Year-To-Date 957842.41		
City NY	State NY	Zip Code 10019	Date <input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Admin Internet			Transaction ID: D325901		
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> 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., Suite 1601			Allocated Activity or Event Year-To-Date 957842.41		
City NY	State NY	Zip Code 10019	Date <input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Admin Internet			Transaction ID: D325902		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.36		1.37		1.73

<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., Suite 1601			Allocated Activity or Event Year-To-Date 957842.41		
City NY	State NY	Zip Code 10019	Date <input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Admin Internet			Transaction ID: D325903		
Activity or Event Identifier: Administrative					

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., Suite 1601			Allocated Activity or Event Year-To-Date 957842.41		
City NY	State NY	Zip Code 10019	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 Internet			Transaction ID: D325905		
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> 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., Suite 1601			Allocated Activity or Event Year-To-Date 957842.41		
City NY	State NY	Zip Code 10019	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 Internet			Transaction ID: D325906		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.36		1.37		1.73

<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., Suite 1601			Allocated Activity or Event Year-To-Date 957842.41		
City NY	State NY	Zip Code 10019	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

**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

**A. Full Name (Last, First, Middle Initial)**  
Intermedia.Net

Mailing Address  
156 W. 56th St., Suite 1601

City NY	State NY	Zip Code 10019	Category/ Type
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  
957842.41

Date  /  /   
**Transaction ID:** D328791

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.90		3.39		4.29

**B. Full Name (Last, First, Middle Initial)**  
Intermedia.Net

Mailing Address  
156 W. 56th St., Suite 1601

City NY	State NY	Zip Code 10019	Category/ Type
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  
957842.41

Date  /  /   
**Transaction ID:** D325909

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.72		2.73		3.45

**C. Full Name (Last, First, Middle Initial)**  
Intermedia.Net

Mailing Address  
156 W. 56th St., Suite 1601

City NY	State NY	Zip Code 10019	Category/ Type
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  
957842.41

Date  /  /   
**Transaction ID:** D325910

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
2.34		8.85		11.19

**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

**A. Full Name (Last, First, Middle Initial)**  
Intermedia.Net  
**Mailing Address**  
156 W. 56th St., Suite 1601  
**City** NY **State** NY **Zip Code** 10019  
**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**  
957842.41  
**Date** 09 / 22 / 2010  
**Transaction ID:** D325911

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.72		2.73		3.45

**B. Full Name (Last, First, Middle Initial)**  
Intermedia.Net  
**Mailing Address**  
156 W. 56th St., Suite 1601  
**City** NY **State** NY **Zip Code** 10019  
**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**  
957842.41  
**Date** 09 / 22 / 2010  
**Transaction ID:** D325912

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.72		2.73		3.45

**C. Full Name (Last, First, Middle Initial)**  
Intermedia.Net  
**Mailing Address**  
156 W. 56th St., Suite 1601  
**City** NY **State** NY **Zip Code** 10019  
**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**  
957842.41  
**Date** 09 / 15 / 2010  
**Transaction ID:** D328780

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
2.80		10.58		13.38

**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., Suite 1601			Allocated Activity or Event Year-To-Date 957842.41		
City NY	State NY	Zip Code 10019	Date <input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>		
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., Suite 1601			Allocated Activity or Event Year-To-Date 957842.41		
City NY	State NY	Zip Code 10019	Date <input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>		
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., Suite 1601			Allocated Activity or Event Year-To-Date 957842.41		
City NY	State NY	Zip Code 10019	Date <input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="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
4.24		15.96		20.20

**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., Suite 1601			Allocated Activity or Event Year-To-Date 957842.41		
City NY	State NY	Zip Code 10019	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: D328787		
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., Suite 1601			Allocated Activity or Event Year-To-Date 957842.41		
City NY	State NY	Zip Code 10019	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: D328789		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.36		8.86		11.22

<b>C. 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 957842.41		
City Mountain View	State CA	Zip Code 94043-1126	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 Office Supplies			Transaction ID: D322607		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
38.37		144.35		182.72

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
43.09		162.07		205.16

**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 957842.41																						
City	State	Zip Code	Category/ Type																						
Cairo	GA	39828																							
Purpose of Disbursement: Salary			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>			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																
Activity or Event Identifier: Administrative			Transaction ID: D326734																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
76.90		289.27		366.17

<b>B. 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 957842.41																						
City	State	Zip Code	Category/ Type																						
Cairo	GA	39828																							
Purpose of Disbursement: Salary			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																
Activity or Event Identifier: Administrative			Transaction ID: D323429																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
92.91		349.51		442.42

<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 Street			Allocated Activity or Event Year-To-Date 957842.41																						
City	State	Zip Code	Category/ Type																						
Orlando	FL	32807																							
Purpose of Disbursement: Salary			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>			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																
Activity or Event Identifier: Administrative			Transaction ID: D326735																						

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
479.21		1802.70		2281.91

**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> 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 Street			Allocated Activity or Event Year-To-Date 957842.41		
City Orlando	State FL	Zip Code 32807	Date <input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Salary			Transaction ID: D323430		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
309.40		1163.92		1473.32

<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 Appalachee Pwy			Allocated Activity or Event Year-To-Date 957842.41		
City Tallahassee	State FL	Zip Code 32301	Date <input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Gifts			Transaction ID: D324478		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
24.14		90.79		114.93

<b>C. 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 Appalachee Pwy			Allocated Activity or Event Year-To-Date 957842.41		
City Tallahassee	State FL	Zip Code 32301	Date <input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Gifts			Transaction ID: D324479		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
23.69		89.13		112.82

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
357.23		1343.84		1701.07

**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 957842.41		
City Tallahassee	State FL	Zip Code 32317	Date MM / DD / YYYY 09 / 10 / 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> 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 957842.41		
City Redmond	State WA	Zip Code 78507	Date MM / DD / YYYY 09 / 07 / 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

<b>C. Full Name (Last, First, Middle Initial)</b> Mr. Stephen N 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., Apt 610 Burden Ln			Allocated Activity or Event Year-To-Date 957842.41		
City Tampa	State FL	Zip Code 33609	Date MM / DD / YYYY 09 / 30 / 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

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
323.37		1216.49		1539.86

**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> Mr. Stephen N 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., Apt 2010 Burden Ln			Allocated Activity or Event Year-To-Date 957842.41		
City Tampa	State FL	Zip Code 33609	Date M M / D D / Y Y Y Y 09 / 15 / 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> 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 957842.41		
City Tallahassee	State FL	Zip Code 32314-5892	Date M M / D D / Y Y Y Y 09 / 24 / 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> 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 957842.41		
City Tallahassee	State FL	Zip Code 32314-5892	Date M M / D D / Y Y Y Y 09 / 21 / 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

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
807.28		3036.90		3844.18

**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 Drive #A2-5			Allocated Activity or Event Year-To-Date 957842.41		
City Tallahassee	State FL	Zip Code 32304	Date 09 / 15 / 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

<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 Drive #A2-5			Allocated Activity or Event Year-To-Date 957842.41		
City Tallahassee	State FL	Zip Code 32304	Date 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>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 957842.41		
City Cincinnati	State OH	Zip Code 45263-3211	Date 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
453.06		1704.34		2157.40

**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> Office Depot-Corporate			<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 633211			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">957842.41</div>	
City	State	Zip Code	Category/ Type	
Cincinnati	OH	45263-3211		
Purpose of Disbursement: Admin Office Supplies			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 / 11 / 2010</div>	
Activity or Event Identifier: Administrative			Transaction ID: D323082	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.83		14.43		18.26

<b>B. Full Name (Last, First, Middle Initial)</b> One Source Supply Center			<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 5855 Green Valley Circle #206			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">957842.41</div>	
City	State	Zip Code	Category/ Type	
Culver City	CA	90230		
Purpose of Disbursement: Admin Office Supplies			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 / 21 / 2010</div>	
Activity or Event Identifier: Administrative			Transaction ID: D324905	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
29.99		112.84		142.83

<b>C. Full Name (Last, First, Middle Initial)</b> Osmond Johnson Janitorial Service			<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 24131 Lake Talquin Drive			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">957842.41</div>	
City	State	Zip Code	Category/ Type	
Tallahassee	FL	32310-4603		
Purpose of Disbursement: Janitorial Service			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: D322597	

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
159.82		601.27		761.09

**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> 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 Drive			Allocated Activity or Event Year-To-Date 957842.41		
City	State	Zip Code	Category/ Type		
Tallahassee	FL	32310-4603			
Purpose of Disbursement: Admin Office Supplies			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		
Activity or Event Identifier: Administrative			Transaction ID: D324777		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.85		21.99		27.84

<b>B. 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 P.O. Box 7084			Allocated Activity or Event Year-To-Date 957842.41		
City	State	Zip Code	Category/ Type		
Alexandria	VA	22307			
Purpose of Disbursement: Consulting/Compliance			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		
Activity or Event Identifier: Administrative			Transaction ID: D323496		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
315.00		1185.00		1500.00

<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 P. O. Box 60			Allocated Activity or Event Year-To-Date 957842.41		
City	State	Zip Code	Category/ Type		
DePere	WI	54115-0060			
Purpose of Disbursement: Benefits			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		
Activity or Event Identifier: Administrative			Transaction ID: D324476		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
25.27		107.73		133.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
346.12		1314.72		1660.84

**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> 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 P. O. Box 60			Allocated Activity or Event Year-To-Date 957842.41		
City DePere	State WI	Zip Code 54115-0060	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: Benefits			Transaction ID: D322363		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
27.93		105.07		133.00

<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 North Monroe Street			Allocated Activity or Event Year-To-Date 957842.41		
City Tallahassee	State FL	Zip Code 32303	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 / 30 / 2010		
Purpose of Disbursement: Payroll Tax			Transaction ID: D328503		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
644.25		2423.59		3067.84

<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 North Monroe Street			Allocated Activity or Event Year-To-Date 957842.41		
City Tallahassee	State FL	Zip Code 32303	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 / 30 / 2010		
Purpose of Disbursement: Payroll Fee			Transaction ID: D328504		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.27		19.82		25.09

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
677.45		2548.48		3225.93

**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 North Monroe Street			Allocated Activity or Event Year-To-Date 957842.41		
City Tallahassee	State FL	Zip Code 32303	Date <input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Payroll Fee			Transaction ID: D328518		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.50		39.50		50.00

<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 North Monroe Street			Allocated Activity or Event Year-To-Date 957842.41		
City Tallahassee	State FL	Zip Code 32303	Date <input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Payroll Tax			Transaction ID: D328521		
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> 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   P.O. Box 856042			Allocated Activity or Event Year-To-Date 957842.41		
City Louisville	State KY	Zip Code 40285-6390	Date <input type="text" value="09"/> / <input type="text" value="03"/> / <input type="text" value="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

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
704.89		2651.70		3356.59

**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> 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 P. B. Box 14416   Dept. 900			Allocated Activity or Event Year-To-Date 957842.41		
City Des Moines	State IA	Zip Code 50306-3416	Date M M / D D / Y Y Y 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>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 P. B. Box 14416   Dept. 900			Allocated Activity or Event Year-To-Date 957842.41		
City Des Moines	State IA	Zip Code 50306-3416	Date M M / D D / Y Y Y Y 09 / 02 / 2010		
Purpose of Disbursement: Benefits			Transaction ID: D333472		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
71.56		524.74		596.30

<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 PO Box 407			Allocated Activity or Event Year-To-Date 957842.41		
City Lakeland	State FL	Zip Code 33802-0407	Date M M / D D / Y Y Y 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
183.47		945.73		1129.20

**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> 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 P.O. Box 856042			Allocated Activity or Event Year-To-Date 957842.41																						
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>1</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> Transaction ID: D324906			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																
Louisville	KY	40285																							
Purpose of Disbursement: Admin Postage			Category/ Type																						
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 957842.41																						
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>3</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> Transaction ID: D324477			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																
Austin	TX	78759-6316																							
Purpose of Disbursement: Travel/Lodging			Category/ Type																						
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 Place			Allocated Activity or Event Year-To-Date 957842.41																						
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>1</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> Transaction ID: D324904			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																
Chicago	IL	60673-1211																							
Purpose of Disbursement: Admin Lease/Rent			Category/ Type																						
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

<b>A. Full Name (Last, First, Middle Initial)</b> Sandler, Reiff & Young P.C.			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 300 M Street, S. E.   Suite 1102			Allocated Activity or Event Year-To-Date 957842.41		
City Washington	State DC	Zip Code 20003	Date MM / DD / YYYY 09 / 10 / 2010		
Purpose of Disbursement: Consulting/Legal			Transaction ID: D322881		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
336.00		1264.00		1600.00

<b>B. 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 Road			Allocated Activity or Event Year-To-Date 957842.41		
City Jacksonville	State FL	Zip Code 32207	Date MM / DD / YYYY 09 / 17 / 2010		
Purpose of Disbursement: Travel/Meals			Transaction ID: D324778		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
37.80		142.20		180.00

<b>C. Full Name (Last, First, Middle Initial)</b> Service Office Supply			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 15038			Allocated Activity or Event Year-To-Date 957842.41		
City Tallahassee	State FL	Zip Code 32317-5038	Date MM / DD / YYYY 09 / 01 / 2010		
Purpose of Disbursement: Admin Office Supplies			Transaction ID: D322578		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
26.38		99.26		125.64

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
400.18		1505.46		1905.64

**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

<b>A. Full Name (Last, First, Middle Initial)</b> Sprint Mailing Address 6450 Sprint Parkway City State Zip Code Overland Park KS 66251 Purpose of Disbursement: Admin Internet 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 Date <input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2010"/> <b>Transaction ID:</b> D323504
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FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="15.15"/>		<input type="text" value="56.99"/>		<input type="text" value="72.14"/>

<b>B. Full Name (Last, First, Middle Initial)</b> Staples Office Supplies Mailing Address 500 Staples Drive City State Zip Code Framingham MA 01702 Purpose of Disbursement: Admin Office Supplies 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 Date <input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2010"/> <b>Transaction ID:</b> D324480
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FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="13.94"/>		<input type="text" value="52.44"/>		<input type="text" value="66.38"/>

<b>C. Full Name (Last, First, Middle Initial)</b> 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: <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 Date <input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2010"/> <b>Transaction ID:</b> D325548
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FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="33.85"/>		<input type="text" value="127.36"/>		<input type="text" value="161.21"/>

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="62.94"/>		<input type="text" value="236.79"/>		<input type="text" value="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
<input type="text"/>	<input type="text"/>	<input type="text"/>

**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> T-Mobile			<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 37380			Allocated Activity or Event Year-To-Date 957842.41	
City Albuquerque	State NM	Zip Code 87176-7380	Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 09 / 10 / 2010 <b>Transaction ID:</b> D322882	
Purpose of Disbursement: Admin Cell Phone				
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
21.97		82.66		104.63

<b>B. Full Name (Last, First, Middle Initial)</b> Tracy N Henderson			<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 213 Young Street			Allocated Activity or Event Year-To-Date 957842.41	
City Tallahassee	State FL	Zip Code 32301	Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 09 / 30 / 2010 <b>Transaction ID:</b> D326727	
Purpose of Disbursement: Salary				
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> Tracy N Henderson			<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 213 Young Street			Allocated Activity or Event Year-To-Date 957842.41	
City Tallahassee	State FL	Zip Code 32301	Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 09 / 15 / 2010 <b>Transaction ID:</b> D323426	
Purpose of Disbursement: Salary				
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
214.59		807.27		1021.86

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
493.15		1855.20		2348.35

**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 Accounting Service Center 2825 Lone Oak Pkwy. (3rd Floor SS)			Allocated Activity or Event Year-To-Date 957842.41		
City Saint Paul	State MN	Zip Code 55121-9610	Date 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 Accounting Service Center 2825 Lone Oak Pkwy. (3rd Floor SS)			Allocated Activity or Event Year-To-Date 957842.41		
City Saint Paul	State MN	Zip Code 55121-9610	Date 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 Accounting Service Center 2825 Lone Oak Pkwy. (3rd Floor SS)			Allocated Activity or Event Year-To-Date 957842.41		
City Saint Paul	State MN	Zip Code 55121-9610	Date 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 Accounting Service Center 2825 Lone Oak Pkwy. (3rd Floor SS)			Allocated Activity or Event Year-To-Date 957842.41		
City Saint Paul	State MN	Zip Code 55121-9610	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

<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 Accounting Service Center 2825 Lone Oak Pkwy. (3rd Floor SS)			Allocated Activity or Event Year-To-Date 957842.41		
City Saint Paul	State MN	Zip Code 55121-9610	Date <input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="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

<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 Accounting Service Center 2825 Lone Oak Pkwy. (3rd Floor SS)			Allocated Activity or Event Year-To-Date 957842.41		
City Saint Paul	State MN	Zip Code 55121-9610	Date <input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="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

**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

<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 Accounting Service Center 2825 Lone Oak Pkwy. (3rd Floor SS)			Allocated Activity or Event Year-To-Date 957842.41		
City Saint Paul	State MN	Zip Code 55121-9610	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>B. Full Name (Last, First, Middle Initial)</b> United States Postmaster - Tallahassee			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 2800 S. Adams			Allocated Activity or Event Year-To-Date 957842.41		
City Tallahassee	State FL	Zip Code 32301-9998	Date MM / DD / YYYY 09 / 16 / 2010		
Purpose of Disbursement: Admin Shipping			Transaction ID: D324483		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.86		14.51		18.37

<b>C. 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 7247-0244			Allocated Activity or Event Year-To-Date 957842.41		
City Philadelphia	State PA	Zip Code 19170-0001	Date MM / DD / YYYY 09 / 08 / 2010		
Purpose of Disbursement: Admin Shipping			Transaction ID: D322878		
Activity or Event Identifier: Administrative					

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
24.18		92.58		116.76

**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

**A. Full Name (Last, First, Middle Initial)**  
UPS  
Mailing Address  
PO Box 7247-0244  
City State Zip Code  
Philadelphia PA 19170-0001  
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  
957842.41  
Date 09 / 09 / 2010  
Transaction ID: D322879

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
58.55		220.28		278.83

**B. Full Name (Last, First, Middle Initial)**  
UPS  
Mailing Address  
PO Box 7247-0244  
City State Zip Code  
Philadelphia PA 19170-0001  
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  
957842.41  
Date 09 / 20 / 2010  
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 7247-0244  
City State Zip Code  
Philadelphia PA 19170-0001  
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  
957842.41  
Date 09 / 27 / 2010  
Transaction ID: D325654

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
15.45		58.10		73.55

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
121.67		457.71		579.38

**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

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  
957842.41

Date  /  /   
**Transaction ID:** D324742

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
18.95		71.30		90.25

**B. 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

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  
957842.41

Date  /  /   
**Transaction ID:** D323080

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
26.59		100.01		126.60

**C. Full Name (Last, First, Middle Initial)**  
WebDomains4u.com

Mailing Address  
14455 North Hayden Rd., Suite 219

City	State	Zip Code	Category/ Type
Scottsdale	AZ	85260	

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  
957842.41

Date  /  /   
**Transaction ID:** D325908

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.41		24.10		30.51

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
51.95		195.41		247.36

**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> 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 Drive #A2-5			Allocated Activity or Event Year-To-Date 957842.41		
City Tallahassee	State FL	Zip Code 32304	Date MM / DD / YYYY 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

<b>B. Full Name (Last, First, Middle Initial)</b> Fontainebleau 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 957842.41		
City Miami Beach	State FL	Zip Code 33140-3227	Date MM / DD / YYYY 09 / 01 / 2010		
Purpose of Disbursement: Travel/ Lodging			Transaction ID: D322313		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
60.11		226.11		286.22

<b>C. 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 P. O. Box 4209			Allocated Activity or Event Year-To-Date 957842.41		
City Tallahassee	State FL	Zip Code 32315	Date MM / DD / YYYY 09 / 01 / 2010		
Purpose of Disbursement: Dinner Meeting			Transaction ID: D322314		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.15		19.38		24.53

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
71.14		267.61		338.75

**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> 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 957842.41		
City Tallahassee	State FL	Zip Code 32301-1839	Date MM / DD / YYYY 09 / 01 / 2010		
Purpose of Disbursement: Auto Travel			Transaction ID: D322315		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.36		24.64		28.00

<b>B. 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 Road			Allocated Activity or Event Year-To-Date 957842.41		
City Jacksonville	State FL	Zip Code 32207	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>C. 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 957842.41		
City Tallahassee	State FL	Zip Code 32301	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

**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

**A. Full Name (Last, First, Middle Initial)**  
Polos on Park

Mailing Address  
2626 Park Ave

City State Zip Code  
Tallahassee FL 32301

Purpose of Disbursement:  
Lodging

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

957842.41

Activity or Event Identifier:  
Administrative

**[MEMO ITEM]**

Date MM / DD / YYYY  
09 / 01 / 2010

Transaction ID: D322614

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
152.27		572.81		725.08

**B. 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

957842.41

Activity or Event Identifier:  
Administrative

Date MM / DD / YYYY  
09 / 09 / 2010

Transaction ID: D322889

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.00		395.00		500.00

**C. Full Name (Last, First, Middle Initial)**  
Blue Cross and Blue Shield of Florida

Mailing Address  
P.O. Box 2210

City State Zip Code  
Jacksonville FL 32232-5005

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

957842.41

Activity or Event Identifier:  
Administrative

**[MEMO ITEM]**

Date MM / DD / YYYY  
09 / 09 / 2010

Transaction ID: D322890

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.00		395.00		500.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.00		395.00		500.00

**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> 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 P. O. Box 10302			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">957842.41</div>	
City	State	Zip Code	Category/ Type <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	
Tallahassee	FL	32302		
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; display: inline-block;">09 / 08 / 2010</div>	
Activity or Event Identifier: Administrative			Transaction ID: D322891	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
25.20		94.80		120.00

<b>B. 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 <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">957842.41</div>	
City	State	Zip Code	Category/ Type <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	
Atlanta	GA	30353-8695		
Purpose of Disbursement: Admin Cell Phone			Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 08 / 2010</div>	
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>			Transaction ID: D322892	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
25.20		94.80		120.00

<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 Drive #A2-5			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">957842.41</div>	
City	State	Zip Code	Category/ Type <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	
Tallahassee	FL	32304		
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; display: inline-block;">09 / 03 / 2010</div>	
Activity or Event Identifier: Administrative			Transaction ID: D322893	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.95		22.38		28.33

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
31.15		117.18		148.33

**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

<b>A. 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 Parkway			Allocated Activity or Event Year-To-Date 957842.41		
City Tallahassee	State FL	Zip Code 32311	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

<b>B. 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 957842.41		
City Bentonville	State AR	Zip Code 72716-6209	Date <input type="text" value="09"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Admin Office Supplies			Transaction ID: D322895		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.57		9.65		12.22

<b>C. Full Name (Last, First, Middle Initial)</b> Karen L. Thurman			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 9067 S.W. 190th Ave., Rd.			Allocated Activity or Event Year-To-Date 957842.41		
City Dunnellon	State FL	Zip Code 34423	Date <input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Staff Reimbursement			Transaction ID: D322896		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
408.37		1536.26		1944.63

**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

<b>A. Full Name (Last, First, Middle Initial)</b> Columbia Restaurant			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 2117 E 7th Ave			Allocated Activity or Event Year-To-Date 957842.41	
City Tampa	State FL	Zip Code 33605-3903	Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> 09 / 01 / 2010 <b>Transaction ID:</b> D322898	
Purpose of Disbursement: Travel/Meals				
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
45.63		171.66		217.29

<b>B. Full Name (Last, First, Middle Initial)</b> Doverree Properties, 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 Attn: Mr. Leonard Pepper 310 W. Jefferson St.			Allocated Activity or Event Year-To-Date 957842.41	
City Tallahassee	State FL	Zip Code 32301-1419	Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> 09 / 01 / 2010 <b>Transaction ID:</b> D322899	
Purpose of Disbursement: Lodging				
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
252.00		948.00		1200.00

<b>C. Full Name (Last, First, Middle Initial)</b> Florida's Turnpike			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 Turnpike Mile Post 263 Bldg. 5315			Allocated Activity or Event Year-To-Date 957842.41	
City Ocoee	State FL	Zip Code 34761	Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> 09 / 01 / 2010 <b>Transaction ID:</b> D322900	
Purpose of Disbursement: Auto Travel				
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.80		10.55		13.35

**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> Karen L. Thurman			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 9067 S.W. 190th Ave., Rd.			Allocated Activity or Event Year-To-Date 957842.41		
City Dunnellon	State FL	Zip Code 34423	Date <input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Auto Travel			Transaction ID: D322897		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
107.94		406.05		513.99

<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 Court			Allocated Activity or Event Year-To-Date 957842.41		
City Melbourne	State FL	Zip Code 32904	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>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 Court			Allocated Activity or Event Year-To-Date 957842.41		
City Melbourne	State FL	Zip Code 32904	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

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
56.15		211.21		267.36

**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			<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 741 W Keller St			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%;">957842.41</div>	
City	State	Zip Code	Category/ Type	
Hernando	FL	34442-8810		
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 / 24 / 2010</div>	
Activity or Event Identifier: Administrative			Transaction ID: D325306	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
181.44		682.56		864.00

<b>B. Full Name (Last, First, Middle Initial)</b> Ms. Anne O Morgan			<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 741 W Keller St			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%;">957842.41</div>	
City	State	Zip Code	Category/ Type	
Hernando	FL	34442-8810		
Purpose of Disbursement: Auto Travel			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 / 24 / 2010</div>	
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>			Transaction ID: D325307	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
181.44		682.56		864.00

<b>C. Full Name (Last, First, Middle Initial)</b> Karen L. Thurman			<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 9067 S.W. 190th Ave., Rd.			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%;">957842.41</div>	
City	State	Zip Code	Category/ Type	
Dunnellon	FL	34423		
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 / 24 / 2010</div>	
Activity or Event Identifier: Administrative			Transaction ID: D325308	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
97.51		366.80		464.31

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
278.95		1049.36		1328.31

**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> Karen L. Thurman			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 9067 S.W. 190th Ave., Rd.			Allocated Activity or Event Year-To-Date 957842.41		
City Dunnellon	State FL	Zip Code 34423	Date <input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Auto Travel			Transaction ID: D325309		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
88.22		376.09		464.31

<b>B. 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 Road			Allocated Activity or Event Year-To-Date 957842.41		
City Jacksonville	State FL	Zip Code 32207	Date <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Staff Reimbursement			Transaction ID: D325997		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
152.25		572.75		725.00

<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 Park Ave			Allocated Activity or Event Year-To-Date 957842.41		
City Tallahassee	State FL	Zip Code 32301	Date <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Lodging			Transaction ID: D326001		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
152.25		572.75		725.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
152.25		572.75		725.00

**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> 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 1845 Bellevue Way Apt A 201			Allocated Activity or Event Year-To-Date 957842.41																		
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td></tr><tr><td>09</td><td>30</td></tr></table> / <table border="1"><tr><td>D</td><td>D</td></tr><tr><td>30</td><td>20</td></tr></table> / <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>20</td><td>10</td><td>10</td><td>10</td></tr></table>			M	M	09	30	D	D	30	20	Y	Y	Y	Y	20	10	10	10
M	M																				
09	30																				
D	D																				
30	20																				
Y	Y	Y	Y																		
20	10	10	10																		
Tallahassee	FL	32304-4163																			
Purpose of Disbursement: Staff Reimbursement			Category/ Type																		
Activity or Event Identifier: Administrative			Transaction ID: D326009																		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.05		22.74		28.79

<b>B. 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 PO Box 407			Allocated Activity or Event Year-To-Date 957842.41																		
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td></tr><tr><td>09</td><td>30</td></tr></table> / <table border="1"><tr><td>D</td><td>D</td></tr><tr><td>30</td><td>20</td></tr></table> / <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>20</td><td>10</td><td>10</td><td>10</td></tr></table>			M	M	09	30	D	D	30	20	Y	Y	Y	Y	20	10	10	10
M	M																				
09	30																				
D	D																				
30	20																				
Y	Y	Y	Y																		
20	10	10	10																		
Lakeland	FL	33802-0407																			
Purpose of Disbursement: Admin Office Supplies			Category/ Type																		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>			Transaction ID: D326011																		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.47		23.32		28.79

<b>C. 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 Street			Allocated Activity or Event Year-To-Date 957842.41																		
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td></tr><tr><td>09</td><td>30</td></tr></table> / <table border="1"><tr><td>D</td><td>D</td></tr><tr><td>30</td><td>20</td></tr></table> / <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>20</td><td>10</td><td>10</td><td>10</td></tr></table>			M	M	09	30	D	D	30	20	Y	Y	Y	Y	20	10	10	10
M	M																				
09	30																				
D	D																				
30	20																				
Y	Y	Y	Y																		
20	10	10	10																		
Tallahassee	FL	32301																			
Purpose of Disbursement: Staff Reimbursement			Category/ Type																		
Activity or Event Identifier: Administrative			Transaction ID: D326014																		

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
10.68		40.18		50.86

**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)**  
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  
957842.41

Date 09 / 30 / 2010  
Transaction ID: D326017

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.63		17.44		22.07

**B. Full Name (Last, First, Middle Initial)**  
Scott Arceneaux

Mailing Address  
1544 Lorimier Road

City State Zip Code  
Jacksonville FL 32207

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  
957842.41

Date 09 / 28 / 2010  
Transaction ID: D326028

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
46.75		175.89		222.64

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

Mailing Address  
60 Mass. Ave.

City State Zip Code  
Washington DC 20005

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  
957842.41

Date 09 / 28 / 2010  
Transaction ID: D326029

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
18.80		70.71		89.51

**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)(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)  
AT&T Mobility

Mailing Address  
PO Box 538695

City State Zip Code  
Atlanta GA 30353-8695

Purpose of Disbursement:  
Admin Cell Phone

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

957842.41

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
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
25604.23	96773.96	122378.19

**SCHEDULE L (FEC Form 3X)**

**AGGREGATION PAGE: LEVIN FUNDS**

Transaction ID: SchedL1

NAME OF COMMITTEE (In Full) DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA
NAME OF ACCOUNT NF expenses

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
a. Itemized..... <small>(Use Schedule L-A)</small>	0.00	0.00
b. Unitemized.....	0.00	0.00
c. Total.....	0.00	0.00
2. OTHER RECEIPTS.....	0.00	0.00
3. TOTAL RECEIPTS..... <small>(Add Lines 1c and 2)</small>	0.00	0.00
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT <small>(Use Schedule L-B)</small>		
a. Voter Registration.....	0.00	0.00
b. Voter ID.....	0.00	0.00
c. GOTV.....	0.00	0.00
d. Generic Campaign.....	0.00	0.00
e. Total.....	0.00	0.00
5. OTHER DISBURSEMENTS.....	0.00	0.00
6. TOTAL DISBURSEMENTS..... <small>(Add Lines 4e and 5)</small>	0.00	0.00
7. BEGINNING CASH ON HAND..... <small>(for Column B, use cash as of January 1st)</small>	6437.91	6437.91
8. RECEIPTS..... <small>(from Line 3)</small>	0.00	0.00
9. SUBTOTAL..... <small>(Add Lines 7 and 8)</small>	6437.91	6437.91
10. DISBURSEMENTS..... <small>(From Line 6)</small>	0.00	0.00
11. ENDING CASH ON HAND..... <small>(Subtract Line 10 From Line 9)</small>	6437.91	6437.91