

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 (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 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 05 19 2011

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

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

A. Form/Schedule : **F3XA**

Transaction ID :

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	X	Y	Y	Y	2	0	1	0		726822.32
X	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	1743587.86									
(c) Total Receipts (from Line 19)	1598503.13	4388241.90								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	3342090.99	5115064.22								
7. Total Disbursements (from Line 31)	1422628.61	3180601.84								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1919462.38	1934462.38								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	18541.50									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	375732.90	1643164.95
(ii) Unitemized	6182.00	67848.59
(iii) TOTAL (add Lines 11(a)(i) and (ii)	381914.90	1167775.64
(b) Political Party Committees	58456.23	564751.27
(c) Other Political Committees (such as PACs)	19402.00	113302.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	459773.13	1845828.91
12. Transfers From Affiliated/Other Party Committees	722323.00	1630496.31
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	7476.05	39947.89
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	890.08
17. Other Federal Receipts (Dividends, Interest, etc.)	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))	1598503.13	4388241.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1189619.28	3518042.09

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	24599.04	220614.83
(ii) Non-Federal Share.....	92736.98	922376.09
(b) Other Federal Operating Expenditures.....	993358.60	1565847.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1110694.62	2708838.42
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	93575.63	93575.63
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	2650.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	2650.00
29. Other Disbursements.....	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	218358.36	375537.79
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	218358.36	375537.79
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1422628.61	3180601.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1329891.63	2258225.75

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)	459773.13	1845828.91
34. Total Contribution Refunds (from Line 28(d))	0.00	2650.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	459773.13	1843178.91
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1017957.64	1786462.33
37. Offsets to Operating Expenditures (from Line 15, page 3)	7476.05	39947.89
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1010481.59	1746514.44

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 297
(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)
S. Daniel Abraham

Mailing Address 777 S Flagler Dr
East Tower, Suite 1000

City State Zip Code
West Palm Beach FL 33401-6161

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

Name of Employer Healthy Foods of America (Formerly Sli) Occupation Chairman

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

Date of Receipt: 09 / 14 / 2010
Transaction ID: C4780024
Amount of Each Receipt this Period: 5000.00

B.

Full Name (Last, First, Middle Initial)
Ayme Acosta

Mailing Address 16231 NW 85th Ct

City State Zip Code
Hialeah FL 33016-8504

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

Name of Employer Self-employed Occupation Self employed

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

Date of Receipt: 09 / 28 / 2010
Transaction ID: C4799437
Amount of Each Receipt this Period: 2500.00

C.

Full Name (Last, First, Middle Initial)
Nelson L. Adams, M.D..

Mailing Address 1098 NE 95th St

City State Zip Code
Miami Shores FL 33138-2548

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

Name of Employer Access Health Solutions Occupation Physician

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 7000.00

Date of Receipt: 09 / 13 / 2010
Transaction ID: C4786174
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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 297
(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

<p>A. Full Name (Last, First, Middle Initial) Piyush C. Agrawal</p> <p>Mailing Address 1625 Eagle Bnd</p> <p>City State Zip Code Weston FL 33327-1615</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-Employed 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 ▼ 10000.00</p>	<p>Date of Receipt 09 / 08 / 2010</p> <p>Transaction ID: C4777992</p> <p>Amount of Each Receipt this Period 10000.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Maria T. Aral</p> <p>Mailing Address 6005 SW 87th Ave</p> <p>City State Zip Code Miami FL 33173-1621</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer ABC Charters Occupation Traval Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 5000.00</p>	<p>Date of Receipt 09 / 17 / 2010</p> <p>Transaction ID: C4786165</p> <p>Amount of Each Receipt this Period 5000.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Bill Barzee</p> <p>Mailing Address 608 Majorca Ave</p> <p>City State Zip Code Coral Gables FL 33134-3753</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-employed Occupation Attorney</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 5000.00</p>	<p>Date of Receipt 09 / 16 / 2010</p> <p>Transaction ID: C4790986</p> <p>Amount of Each Receipt this Period 5000.00</p>
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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)
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FOR LINE NUMBER: PAGE 9 / 297
(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)
 William 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 / 29 / 2010
Transaction ID: C4804828
 Amount of Each Receipt this Period
 2000.00
 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

B. Full Name (Last, First, Middle Initial)
 Pablo Best
 Mailing Address 623 N Federal Hwy
 City State Zip Code
 Pompano Beach FL 33062-4301
 Date of Receipt
 M M / D D / Y Y Y Y
 09 / 16 / 2010
Transaction ID: C4961301
 Amount of Each Receipt this Period
 827.26
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-employed Occupation Student
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 827.26

C. Full Name (Last, First, Middle Initial)
 Sabine Bittel
 Mailing Address 801 Arthur Godfrey Rd
 City State Zip Code
 Miami Beach FL 33140-3323
 Date of Receipt
 M M / D D / Y Y Y Y
 09 / 13 / 2010
Transaction ID: C4786179
 Amount of Each Receipt this Period
 10000.00
 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

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 297
(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)
James Brookins
Mailing Address 6004 Windham Pl
City Tampa State FL Zip Code 33647-1149
FEC ID number of contributing federal political committee. **C**
Name of Employer Access Health Solutions Occupation CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10000.00
Date of Receipt 09 / 27 / 2010
Transaction ID: C4799369
Amount of Each Receipt this Period 5000.00

B. Full Name (Last, First, Middle Initial)
Celeste C. Bush
Mailing Address 412 Farmers Market Rd
City Fort Pierce State FL Zip Code 34982-8228
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed/ St. Lucie DEC Occupation Business Owner
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 370.00
Date of Receipt 09 / 30 / 2010
Transaction ID: C4814082
Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
Lorenzo Cabrera
Mailing Address 9008 SW 214th St
City Cutler Bay State FL Zip Code 33189-3783
FEC ID number of contributing federal political committee. **C**
Name of Employer Cabrera Servicios Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 6000.00
Date of Receipt 09 / 22 / 2010
Transaction ID: C4923475
Amount of Each Receipt this Period 6000.00

SUBTOTAL of Receipts This Page (optional) ► 11025.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 297
(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) Jacques Calixte		Date of Receipt MM / DD / YYYY 09 / 14 / 2010
Mailing Address 269 NW 7th St Apt 219		Transaction ID: C4780015
City Miami	State FL	Zip Code 33136-3903
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10000.00
Name of Employer Hatian America Association	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

B.

Full Name (Last, First, Middle Initial) Campaign Account of Marline Bastien		Date of Receipt MM / DD / YYYY 09 / 03 / 2010
Mailing Address PO Box 381255		Transaction ID: C4772947
City Miami	State FL	Zip Code 33238-1255
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

C.

Full Name (Last, First, Middle Initial) Robert Carraway		Date of Receipt MM / DD / YYYY 09 / 28 / 2010
Mailing Address 7250 Spring Mountain Ln		Transaction ID: C4799450
City Yalaha	State FL	Zip Code 34797-3098
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer University of Massachusetts	Occupation Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	12000.00
TOTAL This Period (last page this line number only)	

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 13 / 297
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Jose Carrillo		Date of Receipt MM / DD / YYYY 09 / 21 / 2010
Mailing Address 5820 Blue Lagoon Dr Ste 125		Transaction ID: C4923474
City Miami	State FL	Zip Code 33126-2579
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Gimenez & Carrillo, LLC	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

B.

Full Name (Last, First, Middle Initial) Chris Chestnut		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 500 E University Ave Ste C		Transaction ID: C4814122
City Gainesville	State FL	Zip Code 32601-3458
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer The Chestnut Law Firm	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Arthur Collins		Date of Receipt MM / DD / YYYY 09 / 17 / 2010
Mailing Address 3911 Lorcom Ln		Transaction ID: C4923467
City Arlington	State VA	Zip Code 22207-5129
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10000.00
Name of Employer Public Private Partnershi- p, Inc.	Occupation Political Strategist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

SUBTOTAL of Receipts This Page (optional)	13500.00
TOTAL This Period (last page this line number only)	

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

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FOR LINE NUMBER: PAGE 14 / 297
(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)
Sara Dassance

Mailing Address 1757 SE 5th St

City Ocala State FL Zip Code 34471-2509

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 23 / 2010

Transaction ID: C4923518

Amount of Each Receipt this Period 250.00

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

Mailing Address 50 East Rd Apt 2G

City Delray Beach State FL Zip Code 33483-7036

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

Name of Employer Peer Consulting Occupation Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2025.00

Date of Receipt 09 / 23 / 2010

Transaction ID: C4791020

Amount of Each Receipt this Period 2000.00

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

Mailing Address 5100 Pga Blvd Ste 317

City Palm Beach Gardens State FL Zip Code 33418-3956

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

Name of Employer Domnick & Shevin PL Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 7700.00

Date of Receipt 09 / 23 / 2010

Transaction ID: C4923525

Amount of Each Receipt this Period 7700.00

SUBTOTAL of Receipts This Page (optional) ► 9950.00

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

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

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FOR LINE NUMBER: PAGE 15 / 297
(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)
Sally Katzen Dyk
Mailing Address 4638 30th St NW
City Washington State DC Zip Code 20008-2127
FEC ID number of contributing federal political committee. **C**
Name of Employer george mason law school Occupation professor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 09 / 08 / 2010
Transaction ID: C4777988
Amount of Each Receipt this Period 5000.00

B. Full Name (Last, First, Middle Initial)
Michael Dyson
Mailing Address 4411 Connecticut Ave NW Apt 111
City Washington State DC Zip Code 20008-2355
FEC ID number of contributing federal political committee. **C**
Name of Employer Georgetown Occupation Professor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 09 / 13 / 2010
Transaction ID: C4786173
Amount of Each Receipt this Period 5000.00

C. Full Name (Last, First, Middle Initial)
Yolanda Escollies
Mailing Address 5333 Collins Ave Apt 1106
City Miami Beach State FL Zip Code 33140-3248
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 505.00
Date of Receipt 09 / 16 / 2010
Transaction ID: C4923485
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 10050.00
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 / 297
(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)
Ronald Esserman
 Mailing Address 10455 NW 12th St
 City Doral State FL Zip Code 33172-2736
 Date of Receipt 09 / 08 / 2010
Transaction ID: C4777995
 Amount of Each Receipt this Period 4000.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Self-Employed Occupation Car Dealer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

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

C. Full Name (Last, First, Middle Initial)
Cathie Fanjul
 Mailing Address 109 Wells Rd
 City Palm Beach State FL Zip Code 33480-3622
 Date of Receipt 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

SUBTOTAL of Receipts This Page (optional) ► 24000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 297

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

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

Mailing Address 246 Eden Rd

City State Zip Code
Palm Beach FL 33480-3316

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

Name of Employer Occupation
Self - Employed Interior Designer

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: C4923494

Amount of Each Receipt this Period

10000.00

B.

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

Mailing Address 246 Eden Rd

City State Zip Code
Palm Beach FL 33480-3316

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

Name of Employer Occupation
Flo-Sun Sugar Vice President

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: C4923495

Amount of Each Receipt this Period

10000.00

C.

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

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 / 297
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

Full Name (Last, First, Middle Initial)
Steven J. Green

Mailing Address 2601 S Bayshore Dr
FL 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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

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

Transaction ID: C4777990

Amount of Each Receipt this Period
10000.00

B.

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
MM / DD / YYYY
09 / 14 / 2010

Transaction ID: C4785922

Amount of Each Receipt this Period
100.00

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
10100.00

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

Transaction ID: C4785930

Amount of Each Receipt this Period
10000.00

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 / 297
(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)
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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 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

B. Full Name (Last, First, Middle Initial)
Donald Hinkle
 Mailing Address 3710 Bobbin Mill Rd
 City State Zip Code
 Tallahassee FL 32312-1202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hinkle & Foran Attorney
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 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

C. 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
 09 / 28 / 2010
Transaction ID: C4799384
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional) ► 6250.00
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 / 297

(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)

John Jacob

Mailing Address 2525 1st St

City State Zip Code
Fort Myers FL 33901-2465

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

Name of Employer 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
09 / 22 / 2010

Transaction ID: C4791004

Amount of Each Receipt this Period

1943.00

B.

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 Occupation
City of Aventura Comissioner

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

Date of Receipt

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

Transaction ID: C4923470

Amount of Each Receipt this Period

500.00

C.

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 Occupation
Self-employed Musician

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

Date of Receipt

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

Transaction ID: C4961855

Amount of Each Receipt this Period

10000.00

SUBTOTAL of Receipts This Page (optional)

12443.00

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 / 297
(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)
Russ Jollivette

Mailing Address 4800 Deerwood Campus Pkwy
Dcc3-4

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

B.

Full Name (Last, First, Middle Initial)
Joel Karp

Mailing Address 900 Brickell Key Blvd

City Miami State FL Zip Code 33131-3742

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

Name of Employer Self-employed Occupation attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

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

C.

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

Mailing Address 110 Central Park S
Apt 5B

City New York State NY Zip Code 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 09 / 30 / 2010
Transaction ID: C4814130
Amount of Each Receipt this Period 7500.00

SUBTOTAL of Receipts This Page (optional) ► 11000.00

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 / 297
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address 10110 Whippoorwill Ln

City State Zip Code
Jacksonville FL 32256-0503

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

Name of Employer Heart & Vessel Care Occupation Doctor

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

Date of Receipt

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

Transaction ID: C4795785

Amount of Each Receipt this Period
5000.00

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

Mailing Address 14816 Amelia View Dr

City State Zip Code
Jacksonville FL 32226-4461

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

Name of Employer Self-employed Occupation Consultant

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	4	/	2	0	1	0

Transaction ID: C4780021

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Marsha Laufer

Mailing Address 1740 S Ocean Blvd

City State Zip Code
Lantana FL 33462-6222

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

Name of Employer Self-employed Occupation Retired

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	1	/	2	0	1	0

Transaction ID: C4789318

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: (check only one)	PAGE 23 / 297
	<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) Marsha Laufer	Date of Receipt MM / DD / YYYY 09 / 21 / 2010
	Mailing Address 1740 S Ocean Blvd	Transaction ID: C4789319
	City State Zip Code Lantana FL 33462-6222	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-employed	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

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

C.	Full Name (Last, First, Middle Initial) George Lindemann, Jr.	Date of Receipt MM / DD / YYYY 09 / 20 / 2010
	Mailing Address 4500 Biscayne Blvd Suite 105	Transaction ID: C4790996
	City State Zip Code Miami Beach FL 33140	Amount of Each Receipt this Period 10000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer B.C. Property Investment	Occupation Businessman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

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 24 / 297
(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)
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

B. Full Name (Last, First, Middle Initial)
Norma Gene Lykes
Mailing Address 17 Bahama Cir
City Tampa State FL Zip Code 33606-3317
FEC ID number of contributing federal political committee. **C**
Name of Employer Homemaker Occupation Homemaker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5250.00
Date of Receipt 09 / 22 / 2010
Transaction ID: C4791006
Amount of Each Receipt this Period 5000.00

C. Full Name (Last, First, Middle Initial)
Stephen Marino
Mailing Address 100 SE 2nd St Ste 2150
City Miami State FL Zip Code 33131-2137
FEC ID number of contributing federal political committee. **C**
Name of Employer Ver Ploeg & Lumpkin, P.A. Occupation attorney
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 09 / 29 / 2010
Transaction ID: C4799731
Amount of Each Receipt this Period 5000.00

SUBTOTAL of Receipts This Page (optional) ► 11000.00
TOTAL This Period (last page this line number only) ►

A. 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 / 297
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Daryl Mays</p> <p>Mailing Address 88 West Traces Ferry Rd #2420</p> <p>City Atlanta State GA Zip Code 30305</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer NSRO company Occupation President and CEO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 5000.00</p>	<p>Date of Receipt 09 / 16 / 2010</p> <p>Transaction ID: C4790984</p> <p>Amount of Each Receipt this Period 5000.00</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Roger Medel</p> <p>Mailing Address 12923 Grand Oaks Dr</p> <p>City Davie State FL Zip Code 33330-5305</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Pediatric Occupation CEO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 10000.00</p>	<p>Date of Receipt 09 / 29 / 2010</p> <p>Transaction ID: C4804827</p> <p>Amount of Each Receipt this Period 10000.00</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) Alan Meltzer</p> <p>Mailing Address 6500 Rock Spring Dr Ste 500</p> <p>City Bethesda State MD Zip Code 20817-1149</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Meltzer Group Occupation Insurance Sales</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2000.00</p>	<p>Date of Receipt 09 / 27 / 2010</p> <p>Transaction ID: C4923545</p> <p>Amount of Each Receipt this Period 2000.00</p>
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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 27 / 297

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

Full Name (Last, First, Middle Initial)
Sara Morgan

Mailing Address 2121 Kirby Dr
Unit 99

City State Zip Code
Houston TX 77019-6067

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

Name of Employer Occupation
Unemployed Unemployed

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 01 / 2010

Transaction ID: C4923400

Amount of Each Receipt this Period
5000.00

B.

Full Name (Last, First, Middle Initial)
Padro Munilla

Mailing Address 6201 SW 70th St

City State Zip Code
South Miami FL 33143-4718

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

Name of Employer Occupation
Executive MCM Corporation

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

Date of Receipt

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

Transaction ID: C4786171

Amount of Each Receipt this Period
5000.00

C.

Full Name (Last, First, Middle Initial)
Alfredo Murciano

Mailing Address 330 Casuarina Concourse

City State Zip Code
Coral Gables FL 33143-6508

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

Name of Employer Occupation
Self Doctor

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

Date of Receipt

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

Transaction ID: C4923472

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ▶

12500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 297
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

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

Mailing Address 3575 Battersea Rd

City Miami State FL Zip Code 33133-6802

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

Name of Employer Self Employed Occupation Investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: C4786182

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Merry T O'Donnell

Mailing Address 431 N Lyra Cir

City Juno Beach State FL Zip Code 33408-1901

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

Name of Employer retired Occupation None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

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

Transaction ID: C4786184

Amount of Each Receipt this Period
3000.00

C.

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

Mailing Address 5561 Oakview Ter

City Fort Lauderdale State FL Zip Code 33312-6268

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

Name of Employer The Berkley Group Occupation Real Estate Developer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: C4786183

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► 9000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 297
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

Full Name (Last, First, Middle Initial)
Daryl D. Parks

Mailing Address 240 N Magnolia Dr

City State Zip Code
Tallahassee FL 32301-2638

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

Name of Employer Occupation
Attorney Parks & Crump LLC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: C4786175

Amount of Each Receipt this Period
5000.00

B.

Full Name (Last, First, Middle Initial)
Daryl Parks

Mailing Address 240 N Magnolia Dr

City State Zip Code
Tallahassee FL 32301-2638

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

Name of Employer Occupation
Parks & Crump, LLC Lawyer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: C4923471

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Ralph B Parrish Jr, Jr

Mailing Address 403 E Park Ave

City State Zip Code
Tallahassee FL 32301-1515

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

Name of Employer Occupation
Ralph B Parrish Jr Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
09 / 21 / 2010

Transaction ID: C4789329

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► **8500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 297
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

Full Name (Last, First, Middle Initial)
Zoya Passalacqua

Mailing Address 4211 S Ocean Blvd
Apt 3

City Highland Beach State FL Zip Code 33487-4243

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

Name of Employer Remax Occupation realtor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

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

B.

Full Name (Last, First, Middle Initial)
Dennis Pastrana

Mailing Address PO Box 352273

City Miami State FL Zip Code 33135-8273

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

Name of Employer Goodwill Industries Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

C.

Full Name (Last, First, Middle Initial)
Ariel Pereda

Mailing Address PO Box 551073

City Ft Lauderdale State FL Zip Code 33355-1073

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

Name of Employer Pereda & Associates Corp. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

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

SUBTOTAL of Receipts This Page (optional) ► 9000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 297
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

Full Name (Last, First, Middle Initial)
Prairie Political Action Committee

Mailing Address 53 W Jackson Blvd
Ste 1626

City Chicago State IL Zip Code 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
MM / DD / YYYY
09 / 27 / 2010

Transaction ID: C4799477

Amount of Each Receipt this Period
5000.00

B.

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
MM / DD / YYYY
09 / 13 / 2010

Transaction ID: C4786181

Amount of Each Receipt this Period
2000.00

C.

Full Name (Last, First, Middle Initial)
Kathleen P Ryan

Mailing Address 3468 Anguilla Way

City Naples State FL Zip Code 34119-1615

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

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

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

Transaction ID: C4814079

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **7025.00**

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 / 297

(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 Sanchez

Mailing Address 698 NW 134th Pl

City State Zip Code
Miami FL 33182-1668

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

Name of Employer Occupation
Self-employed immigration lawyer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
712.64

Date of Receipt

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

Transaction ID: C4780044

Amount of Each Receipt this Period

712.64

B.

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

Mailing Address 5200 Blue Lagoon Dr

City State Zip Code
Miami FL 33126-7006

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

Name of Employer Occupation
Sandler, Travis & Rosenberg 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

C.

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 Occupation
Greenberg Traurig 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

SUBTOTAL of Receipts This Page (optional)

4612.64

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 / 297
(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)
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

B. 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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
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

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

Mailing Address 13865 S Dixie Hwy Ste 307

City State Zip Code
Miami FL 33176-7221

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

Name of Employer Occupation
Self Chiropractor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
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

SUBTOTAL of Receipts This Page (optional) ► **11050.00**

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 / 297
(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)
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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

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

Transaction ID: C4777991

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Christopher Spock

Mailing Address 10 High Hill Rd

City State Zip Code
Canton CT 06019-2225

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

Name of Employer 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
0	9	/	2	8	/	2	0	1	0

Transaction ID: C4799374

Amount of Each Receipt this Period
400.00

C. 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 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
0	9	/	0	3	/	2	0	1	0

Transaction ID: C4777884

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **10400.00**

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 / 297
(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)
Robin Suarez

Mailing Address 3722 Upper Union Rd

City Orlando State FL Zip Code 32814-6528

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

Name of Employer Attorney Occupation atty

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 12 / 2010

Transaction ID: C4923492

Amount of Each Receipt this Period 250.00

B.

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

C.

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

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 36 / 297
(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)
Ward Wagner Jr
Mailing Address 1753 Flagler Manor Cir
City West Palm Beach State FL Zip Code 33411-5111
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 09 / 23 / 2010
Transaction ID: C4923530
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Amy Wall-Bobker
Mailing Address 2921 Medinah
City Weston State FL Zip Code 33332-1849
FEC ID number of contributing federal political committee. **C**
Name of Employer Unisa America Occupation Executive
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10000.00
Date of Receipt 09 / 08 / 2010
Transaction ID: C4777993
Amount of Each Receipt this Period 10000.00

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

SUBTOTAL of Receipts This Page (optional) ► 20250.00
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 / 297
	(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) Frank White Jr.		Date of Receipt
Mailing Address 11747 Veirs Mill Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 27 / 2010
City	State	Zip Code
Silver Spring	MD	20902-2449
FEC ID number of contributing federal political committee.		Transaction ID: C4799486
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 3000.00
Name of Employer Self-employed	Occupation Self-employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 3000.00	

B.

Full Name (Last, First, Middle Initial) Joe R Zednik		Date of Receipt
Mailing Address 26920 Montego Pointe Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 03 / 2010
City	State	Zip Code
Bonita Spgs	FL	34134-0733
FEC ID number of contributing federal political committee.		Transaction ID: C4777883
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 10000.00
Name of Employer Lakeshore Trading LLC	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 10000.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 13000.00
TOTAL This Period (last page this line number only)	<input type="text"/> 375732.90

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 297

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

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

Mailing Address 430 S Capitol St SE

City State Zip Code
Washington DC 20003-4024

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
544743.48

Date of Receipt

M M / D D / 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 S Capitol St SE

City State Zip Code
Washington DC 20003-4024

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
544743.48

Date of Receipt

M M / D D / 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 S Capitol St SE

City State Zip Code
Washington DC 20003-4024

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
544743.48

Date of Receipt

M M / D D / 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 39 / 297
(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 S Capitol St SE

City	State	Zip Code
Washington	DC	20003-4024

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

Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 544743.48

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

Transaction ID: C4958392

Amount of Each Receipt this Period
14517.34

* In-Kind: Payroll & Benefits

SUBTOTAL of Receipts This Page (optional)	▶	14517.34
TOTAL This Period (last page this line number only)	▶	58456.23

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

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

FOR LINE NUMBER: PAGE 40 / 297

(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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

Full Name (Last, First, Middle Initial)
Human Rights Campaign PAC - LGBT Advocates

Mailing Address 1640 Rhode Island Ave NW

City State Zip Code
Washington DC 20036-3200

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
9402.00

Date of Receipt

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

Transaction ID: C4802554

Amount of Each Receipt this Period

4402.00

* In-Kind: Salary & Benefits

B.

Full Name (Last, First, Middle Initial)
I.B.E.W. Educational Committee

Mailing Address 1125 15th St NW

City State Zip Code
Washington DC 20005-2721

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
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)
The NEA Fund for Children & Public Education

Mailing Address 1201 16th St NW
Ste 421

City State Zip Code
Washington DC 20036-3201

FEC ID number of contributing federal political committee. **C** C00003251

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

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

Transaction ID: C4804830

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional) ▶

14402.00

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

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 297
(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)
UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNI

Mailing Address 1775 K St NW

City	State	Zip Code
Washington	DC	20006-1228

FEC ID number of contributing federal political committee. **C** C70003645

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 21 / 2010

Transaction ID: C4789327

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	19402.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 297

(check only one)

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

A.	Full Name (Last, First, Middle Initial) Bridge PAC James E. Clyburn Honorary Chair		Date of Receipt	
	Mailing Address 499 S Capitol St SW Ste 422		M M / D D / Y Y Y Y 09 / 27 / 2010	
	City	State	Zip Code	Transaction ID: C4799483
	Washington	DC	20003-4028	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		5000.00	
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		5000.00		

B.	Full Name (Last, First, Middle Initial) Castor For Congress		Date of Receipt	
	Mailing Address 301 W Platt St # 385		M M / D D / Y Y Y Y 09 / 29 / 2010	
	City	State	Zip Code	Transaction ID: C4813040
	Tampa	FL	33606-2292	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C C00410761		30000.00	
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		30000.00		

C.	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee		Date of Receipt	
	Mailing Address 430 S Capitol St SE		M M / D D / Y Y Y Y 09 / 13 / 2010	
	City	State	Zip Code	Transaction ID: C4780085
	Washington	DC	20003-4024	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C C00000935		23825.00	
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		653332.00		

SUBTOTAL of Receipts This Page (optional)	58825.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 44 / 297
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

City Washington State DC Zip Code 20003-4024

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 653332.00

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

Transaction ID: C4780084

Amount of Each Receipt this Period
54070.00

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

City Washington State DC Zip Code 20003-4024

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 653332.00

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

Transaction ID: C4786137

Amount of Each Receipt this Period
30000.00

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

City Washington State DC Zip Code 20003-4024

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 653332.00

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

Transaction ID: C4786138

Amount of Each Receipt this Period
12457.00

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

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

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

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

FOR LINE NUMBER: PAGE 45 / 297

(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 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
0	9		2	3		2	0	1	0

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
0	9		3	0		2	0	1	0

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
0	9		3	0		2	0	1	0

Transaction ID: C4807062

Amount of Each Receipt this Period

34600.00

SUBTOTAL of Receipts This Page (optional) ►

163536.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 297

(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 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 Y
09 / 30 / 2010

Transaction ID: C4807063

Amount of Each Receipt this Period

73511.00

B.

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

Mailing Address 430 S Capitol St SE

City State Zip Code
Washington DC 20003-4024

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

Name of Employer Occupation

Receipt For:
 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

C.

Full Name (Last, First, Middle Initial)
Democratic National 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** 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 / 28 / 2010

Transaction ID: C4922928

Amount of Each Receipt this Period

325000.00

SUBTOTAL of Receipts This Page (optional)

403435.00

TOTAL This Period (last page this line number only)

722323.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 297

(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 N Monroe St

City State Zip Code
Tallahassee FL 32303-4727

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
554.12

Date of Receipt

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

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 297
(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
 09 / 30 / 2010

Transaction ID: C4961327

Amount of Each Receipt this Period
47.10

SUBTOTAL of Receipts This Page (optional)	▶	47.10
TOTAL 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

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

<p>A. Full Name (Last, First, Middle Initial) 241 Car Services, Inc.</p> <p>Mailing Address 5012 W Cypress St</p> <p>City Tampa State FL Zip Code 33607-3804</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>Transaction ID: D322871 Date of Disbursement: 09 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 246.00</p>
<p>B. Full Name (Last, First, Middle Initial) Alafaya Utilities, Inc.</p> <p>Mailing Address PO Box 11025</p> <p>City Lewiston State ME Zip Code 04243-9476</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>Transaction ID: D322601 Date of Disbursement: 09 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 45.00</p>
<p>C. Full Name (Last, First, Middle Initial) American Express Merchant Services</p> <p>Mailing Address PO Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement Merchant Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D328772 Date of Disbursement: 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 292.29</p>

SUBTOTAL of Disbursements This Page (optional) ▶

583.29

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) American Express Merchant Services	Transaction ID: D328794 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Service Fee	<input type="text" value="2726.77"/>
	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) Alan Awad	Transaction ID: D322552 Date of Disbursement
	Mailing Address 13612 Avalon Heights Blvd Apt 204B	<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City Tampa State FL Zip Code 33613-4676	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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Alan Awad	Transaction ID: D324893 Date of Disbursement
	Mailing Address 13612 Avalon Heights Blvd Apt 204B	<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City Tampa State FL Zip Code 33613-4676	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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2856.77"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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>A. Full Name (Last, First, Middle Initial) Rishi Bagga</p> <p>Mailing Address 3619 Devereaux Ct</p> <p>City Orlando State FL Zip Code 32837-5463</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D325041 Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>
<p>B. Full Name (Last, First, Middle Initial) Steven Balog</p> <p>Mailing Address 13413 Thomasville Cir</p> <p>City Tampa State FL Zip Code 33617-9344</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D324897 Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>
<p>C. Full Name (Last, First, Middle Initial) Steven Balog</p> <p>Mailing Address 13413 Thomasville Cir</p> <p>City Tampa State FL Zip Code 33617-9344</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D322553 Date of Disbursement 09 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

195.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 53 / 297

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

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

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

B.	Full Name (Last, First, Middle Initial) Jason Barnaby	Transaction ID: D322587 Date of Disbursement 09 / 02 / 2010
	Mailing Address 815 McBean Ct	
	City McDonough State GA Zip Code 30252-4162	Amount of Each Disbursement this Period 770.65
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SUBTOTAL of Disbursements This Page (optional)	▶	900.65
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 54 / 297

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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 PO Box 2210	
	City Jacksonville State FL Zip Code 32203-2210	Amount of Each Disbursement this Period 363.00
	Purpose of Disbursement Benefits Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

SUBTOTAL of Disbursements This Page (optional)	▶	12466.40
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Eric Bornstein</p> <p>Mailing Address 12 Bellevue Ave</p> <p>City Dobbs Ferry State NY Zip Code 10522-2606</p> <p>Purpose of Disbursement 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>Transaction ID: D325065 Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>
<p>B. Full Name (Last, First, Middle Initial) Bright House Networks</p> <p>Mailing Address PO Box 31337</p> <p>City Tampa State FL Zip Code 33631-3337</p> <p>Purpose of Disbursement Admin Internet</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>Transaction ID: D326034 Date of Disbursement 09 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 84.95</p>
<p>C. Full Name (Last, First, Middle Initial) Brighthouse Networks</p> <p>Mailing Address PO Box 31337 10305 NW 41st St., Ste 201</p> <p>City Tampa State FL Zip Code 33631-3337</p> <p>Purpose of Disbursement Admin Internet</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>Transaction ID: D322870 Date of Disbursement 09 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 138.40</p>

SUBTOTAL of Disbursements This Page (optional) ▶

288.35

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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>A. Full Name (Last, First, Middle Initial) Brighthouse Networks</p> <p>Mailing Address PO Box 31337 10305 NW 41st St., Ste 201</p> <p>City Tampa State FL Zip Code 33631-3337</p> <p>Purpose of Disbursement Admin Internet 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>Transaction ID: D323217 Date of Disbursement 09 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 74.95</p>
<p>B. Full Name (Last, First, Middle Initial) Wilma Brown</p> <p>Mailing Address 3817 Bennett Rd</p> <p>City Screven State GA Zip Code 31560-9133</p> <p>Purpose of Disbursement Phone Expense 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>Transaction ID: D325067 Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>
<p>C. Full Name (Last, First, Middle Initial) David Browne</p> <p>Mailing Address 417 S Paloma Pl</p> <p>City Tampa State FL Zip Code 33609-3711</p> <p>Purpose of Disbursement Phone Expense 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>Transaction ID: D325078 Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

204.95

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) 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) Capital City Bank	Transaction ID: D333169 Date of Disbursement 09 / 03 / 2010
	Mailing Address PO Box 1630	
	City Tallahassee State FL Zip Code 32302-1630	Amount of Each Disbursement this Period 15.00
	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) ▼

C.	Full Name (Last, First, Middle Initial) Capital City Bank	Transaction ID: D333170 Date of Disbursement 09 / 13 / 2010
	Mailing Address PO Box 1630	
	City Tallahassee State FL Zip Code 32302-1630	Amount of Each Disbursement this Period 20.00
	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) ▼

SUBTOTAL of Disbursements This Page (optional)

135.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Capital City Bank</p> <p>Mailing Address PO Box 1630</p> <p>City Tallahassee State FL Zip Code 32302-1630</p> <p>Purpose of Disbursement Merchant Bank Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D333171 Date of Disbursement: 09 / 14 / 2010</p> <p>Amount of Each Disbursement this Period: 20.00</p>
<p>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 Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D333172 Date of Disbursement: 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period: 30.00</p>
<p>C. Full Name (Last, First, Middle Initial) Capital City Bank</p> <p>Mailing Address PO Box 1630</p> <p>City Tallahassee State FL Zip Code 32302-1630</p> <p>Purpose of Disbursement Merchant Bank Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D333173 Date of Disbursement: 09 / 17 / 2010</p> <p>Amount of Each Disbursement this Period: 40.00</p>

SUBTOTAL of Disbursements This Page (optional)	90.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

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

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

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

SUBTOTAL of Disbursements This Page (optional) ▶	80.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Capital City Bank</p> <p>Mailing Address PO Box 1630</p> <p>City Tallahassee State FL Zip Code 32302-1630</p> <p>Purpose of Disbursement Merchant Bank Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D333178</p> <p>Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 60.00</p> <p>Category/Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Capital City Bank</p> <p>Mailing Address PO Box 1630</p> <p>City Tallahassee State FL Zip Code 32302-1630</p> <p>Purpose of Disbursement Merchant Bank Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D333198</p> <p>Date of Disbursement 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 20.00</p> <p>Category/Type</p>
<p>C.</p> <p>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 Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D333200</p> <p>Date of Disbursement 09 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 35.00</p> <p>Category/Type</p>

SUBTOTAL of Disbursements This Page (optional)	115.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. 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 Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D333206</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="15.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Celltronix</p> <p>Mailing Address 1718 S Orange Blossom Trl</p> <p>City Apopka State FL Zip Code 32703-7745</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>Transaction ID: D329922</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="203.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Changing Targets Media</p> <p>Mailing Address 1155 15th St NW Ste 300</p> <p>City Washington State DC Zip Code 20005-2738</p> <p>Purpose of Disbursement Media</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D323029</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="12000.00"/></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)

PAGE 62 / 297

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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>A. Full Name (Last, First, Middle Initial) Wei Chen</p> <p>Mailing Address 21200 NE 38th Ave Apt 2703</p> <p>City Miami State FL Zip Code 33180-3863</p> <p>Purpose of Disbursement Contribution Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D322808 Date of Disbursement 09 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 10000.00</p>
<p>B. Full Name (Last, First, Middle Initial) City of Oviedo</p> <p>Mailing Address 400 Alexandria Blvd</p> <p>City Oviedo State FL Zip Code 32765-5514</p> <p>Purpose of Disbursement Admin Utilities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D324909 Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 26.98</p>
<p>C. Full Name (Last, First, Middle Initial) Rugh Cline</p> <p>Mailing Address 7720 Abbott Ave Apt 11</p> <p>City Miami Beach State FL Zip Code 33141-2399</p> <p>Purpose of Disbursement 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>Transaction ID: D325040 Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

10091.98

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) 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) ▼

SUBTOTAL of Disbursements This Page (optional)	212499.40
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 64 / 297

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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
	Mailing Address PO Box 4607	<input type="text" value="09"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Houston State TX Zip Code 77210-4607	Amount of Each Disbursement this Period
	Purpose of Disbursement Air Travel	<input type="text" value="499.40"/>
	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.	Full Name (Last, First, Middle Initial) Clifford Davy	Transaction ID: D322555 Date of Disbursement
	Mailing Address 5055 Wellington Park Cir Apt C18	<input type="text" value="09"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Orlando State FL Zip Code 32839-4591	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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Clifford Davy	Transaction ID: D324900 Date of Disbursement
	Mailing Address 5055 Wellington Park Cir Apt C18	<input type="text" value="09"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Orlando State FL Zip Code 32839-4591	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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="629.40"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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 <hr/> Mailing Address 430 S Capitol St SE <hr/> City Washington State DC Zip Code 20003-4024 <hr/> Purpose of Disbursement Voter File Access 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: D333017 Date of Disbursement 09 / 05 / 2010 <hr/> Amount of Each Disbursement this Period 3220.00 <hr/> * In-Kind Received
B.	Full Name (Last, First, Middle Initial) Democratic National Committee <hr/> Mailing Address 430 S Capitol St SE <hr/> City Washington State DC Zip Code 20003-4024 <hr/> Purpose of Disbursement Rent & Utilities Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D333025 Date of Disbursement 09 / 01 / 2010 <hr/> Amount of Each Disbursement this Period 6046.84 <hr/> * In-Kind Received
C.	Full Name (Last, First, Middle Initial) Democratic National Committee <hr/> Mailing Address 430 S Capitol St SE <hr/> City Washington State DC Zip Code 20003-4024 <hr/> Purpose of Disbursement Salary & Benefits 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: D333026 Date of Disbursement 09 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 34672.05 <hr/> * In-Kind Received

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)

PAGE 66 / 297

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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 09 / 30 / 2010
	Mailing Address 430 S Capitol St SE	Amount of Each Disbursement this Period 14517.34
	City Washington State DC Zip Code 20003-4024	
	Purpose of Disbursement Payroll & Benefits	* In-Kind Received
	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) Nicholas Denmon	Transaction ID: D325069 Date of Disbursement 09 / 21 / 2010
	Mailing Address 8300 41st Ave N	Amount of Each Disbursement this Period 65.00
	City Saint Petersburg State FL Zip Code 33709-3943	
	Purpose of Disbursement Phone Expense	
	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) DNC Travel Offset Account	Transaction ID: D325035 Date of Disbursement 09 / 22 / 2010
	Mailing Address 430 S Capitol St SE	Amount of Each Disbursement this Period 23700.00
	City Washington State DC Zip Code 20003-4024	
	Purpose of Disbursement VPOTUS Travel	
	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) ▶

38282.34

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) Elavon Merchant Services Mailing Address 1 Concourse Pkwy NE Ste 300 City Atlanta State GA Zip Code 30328-5346 Purpose of Disbursement Merchant Service 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) ▼	Transaction ID: D328795 Date of Disbursement 09 / 02 / 2010 Amount of Each Disbursement this Period 1278.81
B.	Full Name (Last, First, Middle Initial) Elavon Merchant Services Mailing Address 1 Concourse Pkwy NE Ste 300 City Atlanta State GA Zip Code 30328-5346 Purpose of Disbursement Merchant Service 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) ▼	Transaction ID: D366669 Date of Disbursement 09 / 02 / 2010 Amount of Each Disbursement this Period 596.30
C.	Full Name (Last, First, Middle Initial) Enterprise Rent-A Car Mailing Address 3300 Capital Cir SW City Tallahassee State FL Zip Code 32310-8732 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: D325917 Date of Disbursement 09 / 16 / 2010 Amount of Each Disbursement this Period 629.28

SUBTOTAL of Disbursements This Page (optional) ▶

2504.39

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Everest National Insurance Company</p> <p>Mailing Address PO Box 917807</p> <p>City Orlando State FL Zip Code 32891-7807</p> <p>Purpose of Disbursement Benefits</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D322508</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> / <input type="text" value="03"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="272.46"/></p> <p>Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) David Fifer</p> <p>Mailing Address 2790 Old St Augustine Rd Apt P166</p> <p>City Tallahassee State FL Zip Code 32301-6214</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D325072</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="65.00"/></p> <p>Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Florida Power & Light Company</p> <p>Mailing Address PO Box 25576</p> <p>City Miami State FL Zip Code 33102-5576</p> <p>Purpose of Disbursement Admin Utilities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D324887</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="159.59"/></p> <p>Category/Type</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>A. Full Name (Last, First, Middle Initial) Franklin Davis Printing Company</p> <p>Mailing Address PO Box 22362</p> <p>City Tampa State FL Zip Code 33622-2362</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>Transaction ID: D325075</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="2"/> / <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="89.24"/></p>
<p>B. Full Name (Last, First, Middle Initial) Frederica Wilson fo Congress</p> <p>Mailing Address 19821 NW 2nd Ave # 354</p> <p>City Miami State FL Zip Code 33169-3341</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D323025</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="4000.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Miccosukee Indian Gaming</p> <p>Mailing Address 500 SW 177th Ave</p> <p>City Miami State FL Zip Code 33194-2800</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>Transaction ID: D322608</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="7"/> / <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="118.55"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="4207.79"/></p>
<p>TOTAL 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

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) Marcus Garza	Transaction ID: D322556 Date of Disbursement 09 / 01 / 2010
	Mailing Address 10505 Lake Williams Dr	Amount of Each Disbursement this Period 65.00
	City Odessa State FL Zip Code 33556-2643	
	Purpose of Disbursement Phone Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="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 Williams Dr	Amount of Each Disbursement this Period 65.00
	City Odessa State FL Zip Code 33556-2643	
	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) Michael Gray	Transaction ID: D331996 Date of Disbursement 09 / 24 / 2010
	Mailing Address 920 E 3rd Ave	Amount of Each Disbursement this Period 50.00
	City New Smyrna Beach State FL Zip Code 32169-3147	
	Purpose of Disbursement Auto Travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	180.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

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

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

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

SUBTOTAL of Disbursements This Page (optional)	▶	195.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Hamilton Campaigns Mailing Address 3391 S Fletcher Ave City Fernandina Beach State FL Zip Code 32034-4307 Purpose of Disbursement Consulting/Strategy 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: D322875 Date of Disbursement 09 / 09 / 2010 Amount of Each Disbursement this Period 6750.00
B.	Full Name (Last, First, Middle Initial) Hampton Inn Corporate Mailing Address 9336 Civic Center Dr City Beverly Hills State CA Zip Code 90210-3604 Purpose of Disbursement Travel/Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D328797 Date of Disbursement 09 / 30 / 2010 Amount of Each Disbursement this Period 39.20
C.	Full Name (Last, First, Middle Initial) Mario Henderson Mailing Address 1348 Imperial Dr City Daytona Beach State FL Zip Code 32117-3810 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: D325073 Date of Disbursement 09 / 21 / 2010 Amount of Each Disbursement this Period 65.00

SUBTOTAL of Disbursements This Page (optional) ▶	6854.20
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Renaissance Austin Hotel	Transaction ID: D324482 Date of Disbursement 09 / 14 / 2010
	Mailing Address 9721 Arboretum Blvd	Amount of Each Disbursement this Period 219.78
	City Austin State TX Zip Code 78759-6316	
	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) ▼

B.	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	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Human Rights Campaign PAC - LGBT Advocates	Transaction ID: D325890 Date of Disbursement 09 / 30 / 2010
	Mailing Address 1640 Rhode Island Ave NW	Amount of Each Disbursement this Period 4402.00
	City Washington State DC Zip Code 20036-3200	
	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

SUBTOTAL of Disbursements This Page (optional)	14621.78
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 74 / 297

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

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

A.	Full Name (Last, First, Middle Initial) Image Plus Graphics, Inc.	Transaction ID: D325174 Date of Disbursement
	Mailing Address 1440 NE 31st Street	<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City North Miami Beach State FL Zip Code 33160	Amount of Each Disbursement this Period
	Purpose of Disbursement State Card	<input type="text" value="7250.40"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="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) Image Plus Graphics, Inc.	Transaction ID: D365673 Date of Disbursement
	Mailing Address 1440 NE 31st Street	<input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
	City North Miami Beach State FL Zip Code 33160	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail	<input type="text" value="56160.92"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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: D324891 Date of Disbursement
	Mailing Address 517 Belle Isle Ave	<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City Belleair Beach State FL Zip Code 33786-3611	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="63476.32"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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>A. Full Name (Last, First, Middle Initial) Erin Jensen</p> <p>Mailing Address 517 Belle Isle Ave</p> <p>City Belleair Beach State FL Zip Code 33786-3611</p> <p>Purpose of Disbursement 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>Transaction ID: D322561 Date of Disbursement 09 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>
<p>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 33060-6343</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>Transaction ID: D325550 Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1200.00</p>
<p>C. Full Name (Last, First, Middle Initial) LAP PProduction,LLC</p> <p>Mailing Address 7040 Seminole Pratt Whitney Rd</p> <p>City Loxahatchee State FL Zip Code 33470-5714</p> <p>Purpose of Disbursement Event Photography</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>Transaction ID: D325494 Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 11085.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

12350.00

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

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

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

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

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

FOR LINE NUMBER: (check only one)

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

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

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) Main Street Communications	Transaction ID: D333728 Date of Disbursement 09 / 20 / 2010
	Mailing Address 1300 NE 94th St	Amount of Each Disbursement this Period 90.00
	City Miami Shores State FL Zip Code 33138-2902	
	Purpose of Disbursement Shipping	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) Main Street Communications	Transaction ID: D333729 Date of Disbursement 09 / 15 / 2010
	Mailing Address 1300 NE 94th St	Amount of Each Disbursement this Period 120.00
	City Miami Shores State FL Zip Code 33138-2902	
	Purpose of Disbursement Shipping	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)	▶	410.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Nicholas Michalik</p> <p>Mailing Address 9452 Laura Anne Dr</p> <p>City Seminole State FL Zip Code 33776-1600</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D325046 Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>
<p>B. Full Name (Last, First, Middle Initial) Mission Control</p> <p>Mailing Address 114 Mansfield Hollow Rd # A</p> <p>City Mansfield Center State CT Zip Code 06250-1316</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D322349 Date of Disbursement 09 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 8100.00</p>
<p>C. Full Name (Last, First, Middle Initial) Mission Control</p> <p>Mailing Address 114 Mansfield Hollow Rd # A</p> <p>City Mansfield Center State CT Zip Code 06250-1316</p> <p>Purpose of Disbursement Direct Mail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D323298 Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 73412.60</p>

SUBTOTAL of Disbursements This Page (optional) ▶

81577.60

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 79 / 297

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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>A. Full Name (Last, First, Middle Initial) Murphy Putnam Media, Inc.</p> <p>Mailing Address 901 N Washington St Ste 500</p> <p>City Alexandria State VA Zip Code 22314-1535</p> <p>Purpose of Disbursement Media</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D325676 Date of Disbursement 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 266313.00</p>
<p>B. Full Name (Last, First, Middle Initial) Reuben Neff</p> <p>Mailing Address 2010 E Palm Ave Apt 14322</p> <p>City Tampa State FL Zip Code 33605-3934</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D325045 Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>
<p>C. Full Name (Last, First, Middle Initial) Nesbitt Research</p> <p>Mailing Address 2120 L St NW Ste 305</p> <p>City Washington State DC Zip Code 20037-1563</p> <p>Purpose of Disbursement Consulting/Research</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>Transaction ID: D323216 Date of Disbursement 09 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

268878.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

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

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

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

SUBTOTAL of Disbursements This Page (optional)	22245.67
TOTAL This Period (last page this line number only)	

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

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) 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 Ave NE	<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City Saint Petersburg State FL Zip Code 33703-3011	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1180.62"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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>A. Full Name (Last, First, Middle Initial) Brenadette Ohran</p> <p>Mailing Address 155 55th Ave NE</p> <p>City Saint Petersburg State FL Zip Code 33703-3011</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D322557 Date of Disbursement 09 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>
<p>B. Full Name (Last, First, Middle Initial) Mary Anne Oldham</p> <p>Mailing Address 3009 1/2 W Barcelona St Apt 2</p> <p>City Tampa State FL Zip Code 33629-7252</p> <p>Purpose of Disbursement Admin Lease/Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D322874 Date of Disbursement 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 1247.95</p>
<p>C. Full Name (Last, First, Middle Initial) Mary Anne Oldham</p> <p>Mailing Address 3009 1/2 W Barcelona St Apt 2</p> <p>City Tampa State FL Zip Code 33629-7252</p> <p>Purpose of Disbursement Admin Lease/Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D326036 Date of Disbursement 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) ▶

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

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

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

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

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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: D322550 Date of Disbursement 09 / 02 / 2010
	Mailing Address 3607 Eagle Nest Ct	
	City Melbourne State FL Zip Code 32904-9515	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) Anthony Parets	Transaction ID: D325079 Date of Disbursement 09 / 21 / 2010
	Mailing Address 3607 Eagle Nest Ct	
	City Melbourne State FL Zip Code 32904-9515	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) Payroll Matters	Transaction ID: D322829 Date of Disbursement 09 / 02 / 2010
	Mailing Address 2069 N Monroe St	
	City Tallahassee State FL Zip Code 32303-4727	Amount of Each Disbursement this Period 7.50
	Purpose of Disbursement Payroll 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) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	137.50
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 86 / 297

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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>A. Full Name (Last, First, Middle Initial) Payroll Matters</p> <p>Mailing Address 2069 N Monroe St</p> <p>City Tallahassee State FL Zip Code 32303-4727</p> <p>Purpose of Disbursement Payroll Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D322809 Date of Disbursement 09 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 7.50</p>
<p>B. Full Name (Last, First, Middle Initial) Payroll Matters</p> <p>Mailing Address 2069 N Monroe St</p> <p>City Tallahassee State FL Zip Code 32303-4727</p> <p>Purpose of Disbursement Payroll Tax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D328499 Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 29869.33</p>
<p>C. Full Name (Last, First, Middle Initial) Payroll Matters</p> <p>Mailing Address 2069 N Monroe St</p> <p>City Tallahassee State FL Zip Code 32303-4727</p> <p>Purpose of Disbursement Payroll Tax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D328516 Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 21927.72</p>

SUBTOTAL of Disbursements This Page (optional) ▶

51804.55

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) Payroll Matters	Transaction ID: D333840 Date of Disbursement
	Mailing Address 2069 N Monroe St	<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City Tallahassee State FL Zip Code 32303-4727	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Tax	<input type="text" value="1095.52"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="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: D364048 Date of Disbursement
	Mailing Address 2069 N Monroe St	<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City Tallahassee State FL Zip Code 32303-4727	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Fees	<input type="text" value="94.00"/>
	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) Payroll Matters	Transaction ID: D364091 Date of Disbursement
	Mailing Address 2069 N Monroe St	<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City Tallahassee State FL Zip Code 32303-4727	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Fees	<input type="text" value="100.25"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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)	<input type="text" value="1289.77"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 88 / 297

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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>A. Full Name (Last, First, Middle Initial) Payroll Matters</p> <p>Mailing Address 2069 N Monroe St</p> <p>City Tallahassee State FL Zip Code 32303-4727</p> <p>Purpose of Disbursement Payroll Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D364092 Date of Disbursement: 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 113.75</p>
<p>B. Full Name (Last, First, Middle Initial) Payroll Matters</p> <p>Mailing Address 2069 N Monroe St</p> <p>City Tallahassee State FL Zip Code 32303-4727</p> <p>Purpose of Disbursement Payroll Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D364093 Date of Disbursement: 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 136.00</p>
<p>C. Full Name (Last, First, Middle Initial) Payroll Matters</p> <p>Mailing Address 2069 N Monroe St</p> <p>City Tallahassee State FL Zip Code 32303-4727</p> <p>Purpose of Disbursement Payroll Tax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D365587 Date of Disbursement: 09 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 217.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

466.75

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 89 / 297

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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>A. Full Name (Last, First, Middle Initial) Payroll Matters</p> <p>Mailing Address 2069 N Monroe St</p> <p>City Tallahassee State FL Zip Code 32303-4727</p> <p>Purpose of Disbursement Payroll Tax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D365588 Date of Disbursement 09 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 501.62</p>
<p>B. Full Name (Last, First, Middle Initial) Payroll Matters</p> <p>Mailing Address 2069 N Monroe St</p> <p>City Tallahassee State FL Zip Code 32303-4727</p> <p>Purpose of Disbursement Payroll Tax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D365589 Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 13163.74</p>
<p>C. Full Name (Last, First, Middle Initial) Payroll Matters</p> <p>Mailing Address 2069 N Monroe St</p> <p>City Tallahassee State FL Zip Code 32303-4727</p> <p>Purpose of Disbursement Payroll Tax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D365690 Date of Disbursement 09 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 227.54</p>

SUBTOTAL of Disbursements This Page (optional)	13892.90
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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>A. Full Name (Last, First, Middle Initial) Elena Petrescu</p> <p>Mailing Address 13196 Brechner St</p> <p>City Spring Hill State FL Zip Code 34609-1216</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D325071 Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>
<p>B. Full Name (Last, First, Middle Initial) PGA Commons, LLC</p> <p>Mailing Address 5520 Pga Blvd PGA PRCL 1 Retail Bldg 1</p> <p>City Palm Beach Gardens State FL Zip Code 33418-3981</p> <p>Purpose of Disbursement Admin Lease/Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D325545 Date of Disbursement 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 2848.42</p>
<p>C. Full Name (Last, First, Middle Initial) PGA Commons, LLC</p> <p>Mailing Address 5520 Pga Blvd PGA PRCL 1 Retail Bldg 1</p> <p>City Palm Beach Gardens State FL Zip Code 33418-3981</p> <p>Purpose of Disbursement Admin 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>Transaction ID: D333177 Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1424.21</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4337.63

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

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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) Joseph J Pierce	Transaction ID: D365752 Date of Disbursement 09 / 21 / 2010
	Mailing Address 2656 S Scenic Hwy	Amount of Each Disbursement this Period 65.00
	City Lake Wales State FL Zip Code 33898-7409	
	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) Principal Financial Group	Transaction ID: D324759 Date of Disbursement 09 / 16 / 2010
	Mailing Address PO Box 14416 Dept. 900	Amount of Each Disbursement this Period 79.74
	City Des Moines State IA Zip Code 50306-3416	
	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) Principal Financial Group	Transaction ID: D324761 Date of Disbursement 09 / 16 / 2010
	Mailing Address PO Box 14416 Dept. 900	Amount of Each Disbursement this Period 398.70
	City Des Moines State IA Zip Code 50306-3416	
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	543.44
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>A. Full Name (Last, First, Middle Initial) Progress Energy Florida</p> <p>Mailing Address PO Box 33199</p> <p>City Saint 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</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D324908</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="297.02"/></p>
<p>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 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>Transaction ID: D324898</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="66.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Residence Inn Marriott-Corporate</p> <p>Mailing Address 2120 P St NW</p> <p>City Washington State DC Zip Code 20037-1009</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>Transaction ID: D325925</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="496.21"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="859.23"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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>A. Full Name (Last, First, Middle Initial) Edgar Rincon</p> <p>Mailing Address 225 SW 159th Way</p> <p>City Sunrise State FL Zip Code 33326-2274</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>Transaction ID: D324903</p> <p>Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>
<p>B. Full Name (Last, First, Middle Initial) Edith Robles</p> <p>Mailing Address 305 Bullard St</p> <p>City Fairfield State CT Zip Code 06825-3719</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>Transaction ID: D325076</p> <p>Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>
<p>C. Full Name (Last, First, Middle Initial) Joshua Romero</p> <p>Mailing Address 2302 Simpson Ridge Cir Apt C</p> <p>City Kissimmee State FL Zip Code 34744-4487</p> <p>Purpose of Disbursement 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>Transaction ID: D325066</p> <p>Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

195.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Joshua Romero</p> <p>Mailing Address 2302 Simpson Ridge Cir Apt C</p> <p>City Kissimmee State FL Zip Code 34744-4487</p> <p>Purpose of Disbursement 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>Transaction ID: D322551 Date of Disbursement 09 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>
<p>B. Full Name (Last, First, Middle Initial) Jean Roseme</p> <p>Mailing Address 101 NE 31st St</p> <p>City Pompano Beach State FL Zip Code 33064-3645</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D322549 Date of Disbursement 09 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>
<p>C. Full Name (Last, First, Middle Initial) Jean Roseme</p> <p>Mailing Address 101 NE 31st St</p> <p>City Pompano Beach State FL Zip Code 33064-3645</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D325070 Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

195.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Royal Performace Group	Transaction ID: D364359 Date of Disbursement 09 / 29 / 2010
	Mailing Address 2100 Western Ave Ste 80	Amount of Each Disbursement this Period 24.50
	City Lisle State IL Zip Code 60532-1971	
	Purpose of Disbursement Shipping Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="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) Marian Sanders	Transaction ID: D322582 Date of Disbursement 09 / 08 / 2010
	Mailing Address 3755 Dairy Rd	Amount of Each Disbursement this Period 460.04
	City Titusville State FL Zip Code 32796-4210	
	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) ▼

C.	Full Name (Last, First, Middle Initial) Gabriel Sebag	Transaction ID: D325082 Date of Disbursement 09 / 21 / 2010
	Mailing Address 635 Stillview Cir	Amount of Each Disbursement this Period 65.00
	City Brandon State FL Zip Code 33510-2124	
	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)	549.54
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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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>A. Full Name (Last, First, Middle Initial) Philip Shaw</p> <p>Mailing Address 24 Coventry Ct</p> <p>City Kissimmee State FL Zip Code 34758-2940</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D325042 Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>
<p>B. Full Name (Last, First, Middle Initial) Vito D Sheeley</p> <p>Mailing Address 2111 Almeria Way S</p> <p>City Saint Petersburg State FL Zip Code 33712-4418</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>Transaction ID: D325038 Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>
<p>C. Full Name (Last, First, Middle Initial) SKD Knickerbocker</p> <p>Mailing Address 1818 N St NW Ste 450</p> <p>City Washington State DC Zip Code 20036-2473</p> <p>Purpose of Disbursement Direct Mail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D325675 Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 19988.64</p>

SUBTOTAL of Disbursements This Page (optional) ▶

20118.64

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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>A. Full Name (Last, First, Middle Initial) Jacob Smith</p> <p>Mailing Address 2121 Intracoastal Dr</p> <p>City Fort Lauderdale State FL Zip Code 33305-3637</p> <p>Purpose of Disbursement 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>Transaction ID: D324894</p> <p>Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>
<p>B. Full Name (Last, First, Middle Initial) Jacob Smith</p> <p>Mailing Address 2121 Intracoastal Dr</p> <p>City Fort Lauderdale State FL Zip Code 33305-3637</p> <p>Purpose of Disbursement 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>Transaction ID: D322558</p> <p>Date of Disbursement 09 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>
<p>C. Full Name (Last, First, Middle Initial) Mildred O. Smith</p> <p>Mailing Address 3550 Esplanade Way Apt 8107</p> <p>City Tallahassee State FL Zip Code 32311-3755</p> <p>Purpose of Disbursement 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>Transaction ID: D323499</p> <p>Date of Disbursement 09 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1630.00

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 98 / 297

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

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

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

B.	Full Name (Last, First, Middle Initial) Conrad Stormam	Transaction ID: D323461 Date of Disbursement
	Mailing Address 2625 SW 75th St Apt 1331	<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City Gainesville State FL Zip Code 32608-8351	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary	<input type="text" value="1625.86"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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
	Mailing Address 13538 Lake Magdalene Dr	<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City Tampa State FL Zip Code 33613-4130	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2350.96"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 99 / 297

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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: D322559 Date of Disbursement 09 / 01 / 2010
	Mailing Address 13538 Lake Magdalene Dr	Amount of Each Disbursement this Period 65.00
	City Tampa State FL Zip Code 33613-4130	
	Purpose of Disbursement Phone Expense	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) Joseph Szerejko	Transaction ID: D325064 Date of Disbursement 09 / 21 / 2010
	Mailing Address 15 Thicket Ln	Amount of Each Disbursement this Period 65.00
	City West Hartford State CT Zip Code 06107-1320	
	Purpose of Disbursement Phone Expense	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 Bahia Mar Beach Resort	Transaction ID: D328531 Date of Disbursement 09 / 29 / 2010
	Mailing Address 801 Seabreeze Blvd	Amount of Each Disbursement this Period 93.28
	City Fort Lauderdale State FL Zip Code 33316-1629	
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	223.28
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 100 / 297

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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 Bahia Mar Beach Resort Mailing Address 801 Seabreeze Blvd City Fort Lauderdale State FL Zip Code 33316-1629 Purpose of Disbursement Travel/Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D328798 Date of Disbursement 09 / 17 / 2010 Amount of Each Disbursement this Period 374.07
B.	Full Name (Last, First, Middle Initial) The Tyson Organization Mailing Address 855 Texas St City Fort Worth State TX Zip Code 76102-4572 Purpose of Disbursement Telephone Calls 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: D323215 Date of Disbursement 09 / 14 / 2010 Amount of Each Disbursement this Period 9000.00
C.	Full Name (Last, First, Middle Initial) The Warren Harding, LLC Mailing Address 212 S Beach St Ste 110 City Daytona Beach State FL Zip Code 32114-4404 Purpose of Disbursement Admin Lease/Rent 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: D322877 Date of Disbursement 09 / 10 / 2010 Amount of Each Disbursement this Period 2097.50

SUBTOTAL of Disbursements This Page (optional) ▶

11471.57

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 101 / 297

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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: D322589 Date of Disbursement
	Mailing Address 3555 S Ocean Dr	<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Hollywood State FL Zip Code 33019-2827	Amount of Each Disbursement this Period
	Purpose of Disbursement Site Rental	<input type="text" value="10000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

C.	Full Name (Last, First, Middle Initial) The Westin Diplomat Resort & Spa	Transaction ID: D325919 Date of Disbursement
	Mailing Address 3555 S Ocean Dr	<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City Hollywood State FL Zip Code 33019-2827	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel/Meals	<input type="text" value="126.04"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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)	<input type="text" value="10920.80"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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 <hr/> Mailing Address 3555 S Ocean Dr <hr/> City Hollywood State FL Zip Code 33019-2827 <hr/> Purpose of Disbursement Travel/Lodging 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: D325920 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 1 0	Amount of Each Disbursement this Period 198.69
B.	Full Name (Last, First, Middle Initial) The Westin Diplomat Resort & Spa <hr/> Mailing Address 3555 S Ocean Dr <hr/> City Hollywood State FL Zip Code 33019-2827 <hr/> Purpose of Disbursement Travel/Lodging 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: D325921 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 1 0	Amount of Each Disbursement this Period 198.69
C.	Full Name (Last, First, Middle Initial) The Westin Diplomat Resort & Spa <hr/> Mailing Address 3555 S Ocean Dr <hr/> City Hollywood State FL Zip Code 33019-2827 <hr/> Purpose of Disbursement Travel/Lodging 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: D325922 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 1 0	Amount of Each Disbursement this Period 198.69

SUBTOTAL of Disbursements This Page (optional) ▶	596.07
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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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>A. Full Name (Last, First, Middle Initial) The Westin Diplomat Resort & Spa</p> <p>Mailing Address 3555 S Ocean Dr</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>Transaction ID: D325923</p> <p>Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 397.38</p>
<p>B. Full Name (Last, First, Middle Initial) The Westin Diplomat Resort & Spa</p> <p>Mailing Address 3555 S Ocean Dr</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>Transaction ID: D328796</p> <p>Date of Disbursement 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 16.53</p>
<p>C. Full Name (Last, First, Middle Initial) Adam Unger</p> <p>Mailing Address 2309 Old Bainbridge Rd # 101 C</p> <p>City Tallahassee State FL Zip Code 32303-3805</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>Transaction ID: D325077</p> <p>Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

478.91

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 104 / 297

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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 Mailing Address 2309 Old Bainbridge Rd # 101 C City Tallahassee State FL Zip Code 32303-3805 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: D322811 Date of Disbursement 09 / 02 / 2010	Amount of Each Disbursement this Period 923.50
B.	Full Name (Last, First, Middle Initial) US Airways Mailing Address 4000 E Sky Harbor Blvd City Phoenix State AZ Zip Code 85034-3802 Purpose of Disbursement Air 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: D328526 Date of Disbursement 09 / 30 / 2010	Amount of Each Disbursement this Period 268.40
C.	Full Name (Last, First, Middle Initial) Weetompain Inc Mailing Address 2350 Phillips Rd 9202 City Tallahassee State FL Zip Code 32308-5592 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) ▼	Transaction ID: D326054 Date of Disbursement 09 / 29 / 2010	Amount of Each Disbursement this Period 22529.54

SUBTOTAL of Disbursements This Page (optional) ▶	23721.44
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) Weetompain Inc	Transaction ID: D324870 Date of Disbursement 09 / 22 / 2010
	Mailing Address 2350 Phillips Rd 9202	Amount of Each Disbursement this Period 11701.99
	City Tallahassee State FL Zip Code 32308-5592	
	Purpose of Disbursement Media Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

SUBTOTAL of Disbursements This Page (optional)	▶	11831.99
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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 <hr/> Mailing Address 710 13th Ave S <hr/> City Jacksonville Beach State FL Zip Code 32250-5032 <hr/> Purpose of Disbursement Phone Expense 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: D322560 Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2010
	Amount of Each Disbursement this Period 65.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) WRI-TC <hr/> Mailing Address 2720 E Colonial Dr <hr/> City Orlando State FL Zip Code 32803-5025 <hr/> Purpose of Disbursement Admin Lease/Rent 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: D322905 Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2010
	Amount of Each Disbursement this Period 1076.67
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Sabrina Diz <hr/> Mailing Address 142 SE 9th Ct <hr/> City Hialeah State FL Zip Code 33010-5531 <hr/> Purpose of Disbursement 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: D322316 Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2010
	Amount of Each Disbursement this Period 355.94
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1497.61

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 107 / 297

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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>A. Full Name (Last, First, Middle Initial) AT&T Mobility</p> <p>Mailing Address PO Box 538695</p> <p>City Atlanta State GA Zip Code 30353-8695</p> <p>Purpose of Disbursement Admin Cell Phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D322317</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="01"/> / <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>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Citgo - Corporate</p> <p>Mailing Address 1293 Eldridge Pkwy</p> <p>City Houston State TX Zip Code 77077-1670</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D322319</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="87.17"/></p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Florida's Turnpike</p> <p>Mailing Address Turnpike Mile Post 263 Bldg. 5315</p> <p>City Ocoee State FL Zip Code 34761</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D322318</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="16.50"/></p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 108 / 297

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

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

A.

Full Name (Last, First, Middle Initial)
Shell Gas - Corporate

Transaction ID: D322320
Date of Disbursement

Mailing Address PO Box 2463

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

City Houston State TX Zip Code 77252-2463

Amount of Each Disbursement this Period

152.27

Purpose of Disbursement
Auto Travel

Category/ Type

Candidate Name

[MEMO ITEM]

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
Esther Arregui

Transaction ID: D322592
Date of Disbursement

Mailing Address 902 Lisbon St

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

City Coral Gables State FL Zip Code 33134-2240

Amount of Each Disbursement this Period

58.49

Purpose of Disbursement
Staff Reimbursement

Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
Shell Gas - Corporate

Transaction ID: D322593
Date of Disbursement

Mailing Address PO Box 2463

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

City Houston State TX Zip Code 77252-2463

Amount of Each Disbursement this Period

58.49

Purpose of Disbursement
Auto Travel

Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

58.49

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

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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>A. Full Name (Last, First, Middle Initial) Ashley Walker</p> <p>Mailing Address 1007 N Federal Hwy 1010 Seminole Dr., #1001</p> <p>City Ft Lauderdale State FL Zip Code 33304-1422</p> <p>Purpose of Disbursement Travel 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>Transaction ID: D322873 Date of Disbursement 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 2227.35</p>
<p>B. Full Name (Last, First, Middle Initial) Amazon.Com</p> <p>Mailing Address 1200 12th Ave S</p> <p>City Seattle State WA Zip Code 98144-2712</p> <p>Purpose of Disbursement Admin Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D372698 Date of Disbursement 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 976.89</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Dominos</p> <p>Mailing Address 2030 E Fletcher Ave</p> <p>City Tampa State FL Zip Code 33612-3708</p> <p>Purpose of Disbursement Staff Lunch Meeting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D372702 Date of Disbursement 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 77.15</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)	2227.35
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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>A. Full Name (Last, First, Middle Initial) Hotels.com</p> <p>Mailing Address 2500 Pennsylvania Ave NW</p> <p>City Washington State DC Zip Code 20037-1611</p> <p>Purpose of Disbursement Travel/Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D372703 Date of Disbursement 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 85.80</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Marti Maceo</p> <p>Mailing Address 1226 E 7th Ave</p> <p>City Tampa State FL Zip Code 33605-3518</p> <p>Purpose of Disbursement Lease/Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D372699 Date of Disbursement 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 200.00</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Office Depot-Corporate</p> <p>Mailing Address PO Box 633211</p> <p>City Cincinnati State OH Zip Code 45263-3211</p> <p>Purpose of Disbursement Admin Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D372697 Date of Disbursement 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 678.86</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 111 / 297

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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>A. Full Name (Last, First, Middle Initial) Seven One Seven Parking Service, Inc.</p> <p>Mailing Address 1410 N Florida Ave</p> <p>City Tampa State FL Zip Code 33602-2612</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D372706 Date of Disbursement 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 5.00</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Subway - Corporate</p> <p>Mailing Address 325 Bic Dr</p> <p>City Milford State CT Zip Code 06461-3072</p> <p>Purpose of Disbursement Lunch Meeting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D372700 Date of Disbursement 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 107.00</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Sweetbay Supermarket</p> <p>Mailing Address 3801 Sugar Palm Dr</p> <p>City Tampa State FL Zip Code 33619-8301</p> <p>Purpose of Disbursement Admin Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D372701 Date of Disbursement 09 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 48.78</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Taxi Service</p> <p>Mailing Address 3675 NW 36th St</p> <p>City Miami State FL Zip Code 33142-4913</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>Transaction ID: D327205 Date of Disbursement: 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 38.87</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Walgreens</p> <p>Mailing Address 1845 Alton Rd</p> <p>City Miami Beach State FL Zip Code 33139-1504</p> <p>Purpose of Disbursement Admin Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D327204 Date of Disbursement: 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 9.00</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) John Brushwood</p> <p>Mailing Address 3009 W Barcelona St</p> <p>City Tampa State FL Zip Code 33629-7201</p> <p>Purpose of Disbursement Office Supply 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>Transaction ID: D322876 Date of Disbursement: 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 61.92</p>

SUBTOTAL of Disbursements This Page (optional)	61.92
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 113 / 297

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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 <hr/> Mailing Address PO Box 633211 <hr/> City Cincinnati State OH Zip Code 45263-3211 <hr/> Purpose of Disbursement Admin Office Supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D372666 Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2010
	Amount of Each Disbursement this Period 61.92
	[MEMO ITEM]
	Category/ Type

B. Full Name (Last, First, Middle Initial) Matthew Wilson <hr/> Mailing Address 5760 Braveheart Way <hr/> City Tallahassee State FL Zip Code 32317-9409 <hr/> Purpose of Disbursement Staff Reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D322906 Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2010
	Amount of Each Disbursement this Period 91.58
	[MEMO ITEM]
	Category/ Type

C. Full Name (Last, First, Middle Initial) Matthew Wilson <hr/> Mailing Address 5760 Braveheart Way <hr/> City Tallahassee State FL Zip Code 32317-9409 <hr/> Purpose of Disbursement Auto Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D322907 Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2010
	Amount of Each Disbursement this Period 91.58
	[MEMO ITEM]
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	91.58
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)
Lucas P Barks

Mailing Address 71 Gray Rd

City Gorham State ME Zip Code 04038-1110

Purpose of Disbursement Staff Reimbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: D322908
Date of Disbursement: 09 / 09 / 2010

Amount of Each Disbursement this Period: 216.00

Category/Type

B. Full Name (Last, First, Middle Initial)
Shell Gas - Corporate

Mailing Address PO Box 2463

City Houston State TX Zip Code 77252-2463

Purpose of Disbursement Auto Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: D322909
Date of Disbursement: 09 / 09 / 2010

Amount of Each Disbursement this Period: 89.00

Category/Type

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Sunpass

Mailing Address 605 Suwannee St

City Tallahassee State FL Zip Code 32399-3601

Purpose of Disbursement Auto Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: D322911
Date of Disbursement: 09 / 09 / 2010

Amount of Each Disbursement this Period: 27.00

Category/Type

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ► 216.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 660108 City Dallas State TX Zip Code 75266-0108 Purpose of Disbursement Admin Cell Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: D322910 Date of Disbursement 09 / 09 / 2010
	Amount of Each Disbursement this Period 100.00 [MEMO ITEM]

B. Full Name (Last, First, Middle Initial) Ricardo Junquera Mailing Address 10041 SW 48th St City Miami State FL Zip Code 33165-6379 Purpose of Disbursement Staff Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: D322934 Date of Disbursement 09 / 09 / 2010
	Amount of Each Disbursement this Period 210.01

C. Full Name (Last, First, Middle Initial) Shell Gas - Corporate Mailing Address PO Box 2463 City Houston State TX Zip Code 77252-2463 Purpose of Disbursement Auto Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: D322935 Date of Disbursement 09 / 09 / 2010
	Amount of Each Disbursement this Period 210.01 [MEMO ITEM]

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

A.	Full Name (Last, First, Middle Initial) Kevin Chambliss	Transaction ID: D322936 Date of Disbursement 09 / 09 / 2010
	Mailing Address 746 N Annie Glidden Rd Apt 404	Amount of Each Disbursement this Period 252.00
	City Dekalb State IL Zip Code 60115-2130	
	Purpose of Disbursement Staff Reimbursement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Chevron	Transaction ID: D322938 Date of Disbursement 09 / 09 / 2010
	Mailing Address 501 El Camino Real	Amount of Each Disbursement this Period 152.00
	City Millbrae State CA Zip Code 94030-2030	
	Purpose of Disbursement Auto Travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Virgin Mobile	Transaction ID: D322937 Date of Disbursement 09 / 09 / 2010
	Mailing Address 100 E Magnolia Dr	Amount of Each Disbursement this Period 100.00
	City Tallahassee State FL Zip Code 32301-5567	
	Purpose of Disbursement Admin Cell Phone Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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 117 / 297

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

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

A.	Full Name (Last, First, Middle Initial) Sabrina Diz	Transaction ID: D322939 Date of Disbursement 09 / 09 / 2010
	Mailing Address 142 SE 9th Ct	
	City Hiialeah State FL Zip Code 33010-5531	Amount of Each Disbursement this Period 235.77
	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	
	City Lake Mary State FL Zip Code 32746-4305	Amount of Each Disbursement this Period 135.77
	Purpose of Disbursement Auto Travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) T-Mobile	Transaction ID: D322940 Date of Disbursement 09 / 09 / 2010
	Mailing Address PO Box 742596	
	City Cincinnati State OH Zip Code 45274-2596	Amount of Each Disbursement this Period 100.00
	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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

235.77

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Gaston Araoz	Transaction ID: D322942 Date of Disbursement 09 / 09 / 2010
	Mailing Address 1505 Crystal Dr Apt 504	Amount of Each Disbursement this Period 123.99
	City Arlington State VA Zip Code 22202-4117	
	Purpose of Disbursement Staff Reimbursement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Shell Gas - Corporate	Transaction ID: D322944 Date of Disbursement 09 / 09 / 2010
	Mailing Address PO Box 2463	Amount of Each Disbursement this Period 52.89
	City Houston State TX Zip Code 77252-2463	
	Purpose of Disbursement Auto Travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Sprint	Transaction ID: D322943 Date of Disbursement 09 / 09 / 2010
	Mailing Address 6450 Sprint Pkwy	Amount of Each Disbursement this Period 71.10
	City Overland Park State KS Zip Code 66251-6105	
	Purpose of Disbursement Admin Cell Phone Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	123.99
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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>A. Full Name (Last, First, Middle Initial) John Estes</p> <p>Mailing Address 9884 SW 26th Ter</p> <p>City Miami State FL Zip Code 33165-2627</p> <p>Purpose of Disbursement Staff Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D322945 Date of Disbursement 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 203.22</p> <p>Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Shell Gas - Corporate</p> <p>Mailing Address PO Box 2463</p> <p>City Houston State TX Zip Code 77252-2463</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D322947 Date of Disbursement 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 138.57</p> <p>[MEMO ITEM]</p> <p>Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Sprint</p> <p>Mailing Address 6450 Sprint Pkwy</p> <p>City Overland Park State KS Zip Code 66251-6105</p> <p>Purpose of Disbursement Admin Cell Phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D322946 Date of Disbursement 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 64.65</p> <p>[MEMO ITEM]</p> <p>Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

203.22

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 120 / 297

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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>A. Full Name (Last, First, Middle Initial) Emily Mcilveene</p> <p>Mailing Address 148 Meadow Brook Dr</p> <p>City Rock Spring State GA Zip Code 30739-2341</p> <p>Purpose of Disbursement Staff Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D322948 Date of Disbursement 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 261.84</p>
<p>B. Full Name (Last, First, Middle Initial) Florida's Turnpike</p> <p>Mailing Address Turnpike Mile Post 263 Bldg. 5315</p> <p>City Ocoee State FL Zip Code 34761</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D322951 Date of Disbursement 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 3.75</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Shell Gas - Corporate</p> <p>Mailing Address PO Box 2463</p> <p>City Houston State TX Zip Code 77252-2463</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D322950 Date of Disbursement 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 158.09</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

261.84

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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 Mailing Address PO Box 660108 City Dallas State TX Zip Code 75266-0108 Purpose of Disbursement Admin Cell Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D322949 Date of Disbursement 09 / 09 / 2010
	Amount of Each Disbursement this Period 100.00 [MEMO ITEM]

B. Full Name (Last, First, Middle Initial) Andrea D Huerfano Mailing Address 2949 Riverside Dr Apt 227 City Coral Springs State FL Zip Code 33065-1017 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 09 / 09 / 2010
	Amount of Each Disbursement this Period 287.18

C. Full Name (Last, First, Middle Initial) Chevron Mailing Address 501 El Camino Real City Millbrae State CA Zip Code 94030-2030 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 09 / 09 / 2010
	Amount of Each Disbursement this Period 148.18 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	287.18
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

PAGE 122 / 297

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

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

A.	Full Name (Last, First, Middle Initial) Metro PCS	Transaction ID: D322954 Date of Disbursement 09 / 09 / 2010
	Mailing Address Downtown	Amount of Each Disbursement this Period 99.00
	City Miami State FL Zip Code 33165	
	Purpose of Disbursement Admin Cell Phone Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Sunpass	Transaction ID: D322955 Date of Disbursement 09 / 09 / 2010
	Mailing Address 605 Suwannee St	Amount of Each Disbursement this Period 40.00
	City Tallahassee State FL Zip Code 32399-3601	
	Purpose of Disbursement Auto Travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Tarin Nix	Transaction ID: D322956 Date of Disbursement 09 / 09 / 2010
	Mailing Address 2704 French Pl Apt G	Amount of Each Disbursement this Period 421.43
	City Austin State TX Zip Code 78722-2330	
	Purpose of Disbursement Staff Reimbursement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

421.43

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 123 / 297

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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 Mailing Address PO Box 538695 City Atlanta State GA Zip Code 30353-8695 Purpose of Disbursement Admin Cell Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D322958 Date of Disbursement 09 / 09 / 2010 Amount of Each Disbursement this Period 100.00 [MEMO ITEM]
	Category/Type	[MEMO ITEM]

B. Full Name (Last, First, Middle Initial) Mobil Gas Mailing Address 4705 W Lake Mary Blvd City Lake Mary State FL Zip Code 32746-4305 Purpose of Disbursement Auto Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D322960 Date of Disbursement 09 / 09 / 2010 Amount of Each Disbursement this Period 281.43 [MEMO ITEM]
	Category/Type	[MEMO ITEM]

C. Full Name (Last, First, Middle Initial) Sunpass Mailing Address 605 Suwannee St City Tallahassee State FL Zip Code 32399-3601 Purpose of Disbursement Auto Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D322961 Date of Disbursement 09 / 09 / 2010 Amount of Each Disbursement this Period 40.00 [MEMO ITEM]
	Category/Type	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Ashley Ball	Transaction ID: D322962 Date of Disbursement 09 / 09 / 2010
	Mailing Address 822 E 15th Ave	Amount of Each Disbursement this Period 109.63
	City New Smyrna Beach State FL Zip Code 32169-3404	
	Purpose of Disbursement Staff Reimbursement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ashley Ball	Transaction ID: D322963 Date of Disbursement 09 / 09 / 2010
	Mailing Address 822 E 15th Ave	Amount of Each Disbursement this Period 109.63
	City New Smyrna Beach State FL Zip Code 32169-3404	
	Purpose of Disbursement Auto Travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Suzanne Kosmas	Transaction ID: D322964 Date of Disbursement 09 / 09 / 2010
	Mailing Address 920 E 3rd Ave	Amount of Each Disbursement this Period 850.00
	City New Smyrna Beach State FL Zip Code 32169-3147	
	Purpose of Disbursement Office Equipment Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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)	959.63
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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) 3604 Corporation, LLC	Transaction ID: D372671 Date of Disbursement 09 / 09 / 2010
	Mailing Address 2691 Gingerwood Dr	Amount of Each Disbursement this Period 850.00
	City New Smyrna Beach State FL Zip Code 32168-5466	
	Purpose of Disbursement Office Equipment	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Hector Martinez	Transaction ID: D322965 Date of Disbursement 09 / 09 / 2010
	Mailing Address 11100 SW 46th St	Amount of Each Disbursement this Period 231.59
	City Miami State FL Zip Code 33165-4735	
	Purpose of Disbursement Staff Reimbursement	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) 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	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	231.59
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)

PAGE 126 / 297

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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) Mobil Gas Mailing Address 4705 W Lake Mary Blvd City Lake Mary State FL Zip Code 32746-4305 Purpose of Disbursement Auto Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: D322966 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 1 0
	Amount of Each Disbursement this Period 131.59 [MEMO ITEM]

B. Full Name (Last, First, Middle Initial) Maria Quezada Mailing Address 322 E Mayfield Blvd City San Antonio State TX Zip Code 78214-2448 Purpose of Disbursement Staff Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: D322968 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 1 0
	Amount of Each Disbursement this Period 447.00

C. 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:	Transaction ID: D322970 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 1 0
	Amount of Each Disbursement this Period 100.00 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	447.00
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 127 / 297

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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) 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: D322969 Date of Disbursement 09 / 09 / 2010
	Amount of Each Disbursement this Period 347.00 [MEMO ITEM]

B. Full Name (Last, First, Middle Initial) Esther Arregui Mailing Address 902 Lisbon St City Coral Gables State FL Zip Code 33134-2240 Purpose of Disbursement Staff Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D322971 Date of Disbursement 09 / 09 / 2010
	Amount of Each Disbursement this Period 14.22

C. Full Name (Last, First, Middle Initial) Citgo - Corporate Mailing Address 1293 Eldridge Pkwy City Houston State TX Zip Code 77077-1670 Purpose of Disbursement Auto Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D323020 Date of Disbursement 09 / 13 / 2010
	Amount of Each Disbursement this Period 14.22 [MEMO ITEM]

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)

PAGE 128 / 297

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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>A.</p> <p>Full Name (Last, First, Middle Initial) Justin Shoham</p> <p>Mailing Address 28 Lark Pl</p> <p>City Old Bridge State NJ Zip Code 08857-3062</p> <p>Purpose of Disbursement Staff Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D323009</p> <p>Date of Disbursement 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 227.47</p> <p>Category/ Type</p>
<p>B.</p> <p>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>Transaction ID: D323013</p> <p>Date of Disbursement 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 127.47</p> <p>[MEMO ITEM]</p> <p>Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address PO Box 660108</p> <p>City Dallas State TX Zip Code 75266-0108</p> <p>Purpose of Disbursement Admin Cell Phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D323012</p> <p>Date of Disbursement 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>[MEMO ITEM]</p> <p>Category/ Type</p>

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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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>A. Full Name (Last, First, Middle Initial) Denise Rodriguez</p> <p>Mailing Address 12514 Wandering Brook Dr</p> <p>City Charlotte State NC Zip Code 28273-6974</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>Transaction ID: D323021 Date of Disbursement 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 237.91</p>
<p>B. Full Name (Last, First, Middle Initial) AT&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>Transaction ID: D323023 Date of Disbursement 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>[MEMO ITEM]</p>
<p>C. 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>Transaction ID: D323022 Date of Disbursement 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 137.91</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)	237.91
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) Jordan J Budd	Transaction ID: D323342 Date of Disbursement 09 / 15 / 2010
	Mailing Address 128 Century Dr	Amount of Each Disbursement this Period 192.06
	City Easley State SC Zip Code 29642	
	Purpose of Disbursement Staff Reimbursement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Jordan J Budd	Transaction ID: D323343 Date of Disbursement 09 / 15 / 2010
	Mailing Address 128 Century Dr	Amount of Each Disbursement this Period 192.06
	City Easley State SC Zip Code 29642	
	Purpose of Disbursement Auto Travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Craig Borkon	Transaction ID: D324720 Date of Disbursement 09 / 21 / 2010
	Mailing Address 8571 Brody Way ---	Amount of Each Disbursement this Period 400.00
	City Boca Raton State FL Zip Code 33433-7647	
	Purpose of Disbursement Phone Reimbursement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	592.06
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) AT&T Mobility Mailing Address PO Box 538695 City Atlanta State GA Zip Code 30353-8695 Purpose of Disbursement Admin Cell Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D372670 Date of Disbursement 09 / 21 / 2010 Amount of Each Disbursement this Period 400.00 [MEMO ITEM]
	Category/Type	[]

B. Full Name (Last, First, Middle Initial) Christopher Turner Mailing Address 2626 E Park Ave Apt 6104 City Tallahassee State FL Zip Code 32301-0816 Purpose of Disbursement Staff Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D324875 Date of Disbursement 09 / 22 / 2010 Amount of Each Disbursement this Period 239.85
	Category/Type	[]

C. Full Name (Last, First, Middle Initial) Publix Super Markets, Inc. Mailing Address P.O. 32009 PO Box 407 City Lakeland State FL Zip Code 33802-0407 Purpose of Disbursement Admin Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D324876 Date of Disbursement 09 / 22 / 2010 Amount of Each Disbursement this Period 239.85 [MEMO ITEM]
	Category/Type	[]

SUBTOTAL of Disbursements This Page (optional) ▶	239.85
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 132 / 297

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

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

A.	Full Name (Last, First, Middle Initial) Ashley Ball	Transaction ID: D324911 Date of Disbursement 09 / 21 / 2010
	Mailing Address 822 E 15th Ave	Amount of Each Disbursement this Period 473.03
	City New Smyrna Beach State FL Zip Code 32169-3404	
	Purpose of Disbursement Staff Reimbursement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ashley Ball	Transaction ID: D324912 Date of Disbursement 09 / 21 / 2010
	Mailing Address 822 E 15th Ave	Amount of Each Disbursement this Period 406.10
	City New Smyrna Beach State FL Zip Code 32169-3404	
	Purpose of Disbursement Auto Travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Publix Super Markets, Inc.	Transaction ID: D324914 Date of Disbursement 09 / 21 / 2010
	Mailing Address P.O. 32009 PO Box 407	Amount of Each Disbursement this Period 66.93
	City Lakeland State FL Zip Code 33802-0407	
	Purpose of Disbursement Admin Office Supplies Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	473.03
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 133 / 297

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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>A. Full Name (Last, First, Middle Initial) Royal Performace Group</p> <p>Mailing Address 2100 Western Ave Ste 80</p> <p>City Lisle State IL Zip Code 60532-1971</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D325162 Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 990.00</p>
<p>B. Full Name (Last, First, Middle Initial) Rishi Bagga</p> <p>Mailing Address 3619 Devereaux Ct</p> <p>City Orlando State FL Zip Code 32837-5463</p> <p>Purpose of Disbursement 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>Transaction ID: D381890 Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 240.00</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Naomi Long</p> <p>Mailing Address 548 Foxhall PI SE</p> <p>City Washington State DC Zip Code 20032-3716</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>Transaction ID: D381889 Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 300.00</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)	990.00
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 134 / 297

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

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

A.	Full Name (Last, First, Middle Initial) Neil Potter	Transaction ID: D381891 Date of Disbursement 09 / 20 / 2010
	Mailing Address 1618 N Humboldt Blvd Apt 2	Amount of Each Disbursement this Period 180.00
	City Chicago State IL Zip Code 60647-5040	
	Purpose of Disbursement Auto Travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Joshua Romero	Transaction ID: D381888 Date of Disbursement 09 / 20 / 2010
	Mailing Address 2302 Simpson Ridge Cir Apt C	Amount of Each Disbursement this Period 120.00
	City Kissimmee State FL Zip Code 34744-4487	
	Purpose of Disbursement Auto Travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ashley Thomas	Transaction ID: D381892 Date of Disbursement 09 / 20 / 2010
	Mailing Address 1690 Dunn Ave Apt 806	Amount of Each Disbursement this Period 150.00
	City Daytona Beach State FL Zip Code 32114-1478	
	Purpose of Disbursement Auto Travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

PAGE 135 / 297

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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>A. Full Name (Last, First, Middle Initial) Mildred O. Smith</p> <p>Mailing Address 3550 Esplanade Way Apt 8107</p> <p>City Tallahassee State FL Zip Code 32311-3755</p> <p>Purpose of Disbursement Staff Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D325318 Date of Disbursement 09 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 334.98</p> <p>Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Florida's Turnpike</p> <p>Mailing Address Turnpike Mile Post 263 Bldg. 5315</p> <p>City Ocoee State FL Zip Code 34761</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D325320 Date of Disbursement 09 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 17.25</p> <p>[MEMO ITEM]</p> <p>Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Shell Gas - Corporate</p> <p>Mailing Address PO Box 2463</p> <p>City Houston State TX Zip Code 77252-2463</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D325319 Date of Disbursement 09 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 317.73</p> <p>[MEMO ITEM]</p> <p>Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

334.98

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

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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: D325536 Date of Disbursement 09 / 24 / 2010
	Mailing Address 920 E 3rd Ave	Amount of Each Disbursement this Period 233.08
	City New Smyrna Beach State FL Zip Code 32169-3147	
	Purpose of Disbursement Staff Reimbursement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Michael Gray	Transaction ID: D325537 Date of Disbursement 09 / 24 / 2010
	Mailing Address 920 E 3rd Ave	Amount of Each Disbursement this Period 233.08
	City New Smyrna Beach State FL Zip Code 32169-3147	
	Purpose of Disbursement Auto Travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Ogden Frank Clark	Transaction ID: D325538 Date of Disbursement 09 / 24 / 2010
	Mailing Address 3100 NE 49th St	Amount of Each Disbursement this Period 302.00
	City Fort Lauderdale State FL Zip Code 33308-4902	
	Purpose of Disbursement Staff Reimbursement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	535.08
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)

PAGE 137 / 297

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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 Mailing Address PO Box 2210 City Jacksonville State FL Zip Code 32203-2210 Purpose of Disbursement Benefits 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: D325539 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 1 0
	Amount of Each Disbursement this Period 302.00 [MEMO ITEM]

B. Full Name (Last, First, Middle Initial) Dan Finer Mailing Address 6050 River Trace Rd City Tampa State FL Zip Code 33617-9100 Purpose of Disbursement Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D325540 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 1 0
	Amount of Each Disbursement this Period 18.17

C. Full Name (Last, First, Middle Initial) Hannaford Brand Foods Mailing Address 8 Merchants Way City Middleboro State MA Zip Code 02346-1818 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: D325541 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 1 0
	Amount of Each Disbursement this Period 18.17 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	18.17
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

PAGE 138 / 297

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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>A. Full Name (Last, First, Middle Initial) Connor Davis</p> <p>Mailing Address 116 7th Ave N</p> <p>City Saint Petersburg State FL Zip Code 33701-2516</p> <p>Purpose of Disbursement Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 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>
<p>B. Full Name (Last, First, Middle Initial) Miguel Reinoso</p> <p>Mailing Address 8325 June St</p> <p>City Tampa State FL Zip Code 33615-2814</p> <p>Purpose of Disbursement Admin Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D325547</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> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Ashley Walker</p> <p>Mailing Address 1007 N Federal Hwy 1010 Seminole Dr., #1001</p> <p>City Ft Lauderdale State FL Zip Code 33304-1422</p> <p>Purpose of Disbursement Admin Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D325557</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="1204.06"/></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>A. Full Name (Last, First, Middle Initial) Amazon.Com</p> <p>Mailing Address 1200 12th Ave S</p> <p>City Seattle State WA Zip Code 98144-2712</p> <p>Purpose of Disbursement Admin Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D372672</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="360.50"/></p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Hotwire.com Online Travel</p> <p>Mailing Address 333 Market St Ste 100</p> <p>City San Francisco State CA Zip Code 94105-2146</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D372675</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="60.56"/></p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Office Depot-Corporate</p> <p>Mailing Address PO Box 633211</p> <p>City Cincinnati State OH Zip Code 45263-3211</p> <p>Purpose of Disbursement Admin Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D372674</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="466.88"/></p> <p>[MEMO ITEM]</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)

PAGE 140 / 297

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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>A. 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>Transaction ID: D372673</p> <p>Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 239.40</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) The Home Depot</p> <p>Mailing Address 9941 E Adamo Dr</p> <p>City Tampa State FL Zip Code 33619-2617</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>Transaction ID: D372676</p> <p>Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 76.72</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Stephen Carville</p> <p>Mailing Address 2401 W Morrison Ave 6610 Burden Ln</p> <p>City Tampa State FL Zip Code 33629-4756</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>Transaction ID: D325700</p> <p>Date of Disbursement 09 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 74.69</p>

SUBTOTAL of Disbursements This Page (optional) ▶

74.69

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) Stephen Carville	Transaction ID: D325701 Date of Disbursement 09 / 28 / 2010
	Mailing Address 2401 W Morrison Ave 6610 Burden Ln	Amount of Each Disbursement this Period 74.69
	City Tampa State FL Zip Code 33629-4756	
	Purpose of Disbursement Auto Travel	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Jason Lutin	Transaction ID: D326037 Date of Disbursement 09 / 28 / 2010
	Mailing Address 2540 NW 24th St	Amount of Each Disbursement this Period 537.86
	City Boca Raton State FL Zip Code 33434-4359	
	Purpose of Disbursement Reimbursement	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Fedex Kinko's	Transaction ID: D326039 Date of Disbursement 09 / 28 / 2010
	Mailing Address 2417 Ponce De Leon Blvd	Amount of Each Disbursement this Period 177.86
	City Coral Gables State FL Zip Code 33134-6016	
	Purpose of Disbursement Admin Office Supplies	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	537.86
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) Verizon Wireless	Transaction ID: D326038 Date of Disbursement 09 / 28 / 2010
	Mailing Address PO Box 660108	
	City Dallas State TX Zip Code 75266-0108	Amount of Each Disbursement this Period 360.00
	Purpose of Disbursement Admin Cell Phone Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Pamela Rivera	Transaction ID: D326041 Date of Disbursement 09 / 30 / 2010
	Mailing Address 232 Afton Sq Unit 212	
	City Altamonte Springs State FL Zip Code 32714-3848	Amount of Each Disbursement this Period 262.01
	Purpose of Disbursement Reimbursement Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Pamela Rivera	Transaction ID: D326042 Date of Disbursement 09 / 30 / 2010
	Mailing Address 232 Afton Sq Unit 212	
	City Altamonte Springs State FL Zip Code 32714-3848	Amount of Each Disbursement this Period 155.52
	Purpose of Disbursement Auto Travel Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	▶	262.01
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

A.	Full Name (Last, First, Middle Initial) T-Mobile	Transaction ID: D326043 Date of Disbursement 09 / 30 / 2010
	Mailing Address PO Box 742596	Amount of Each Disbursement this Period 106.49
	City Cincinnati State OH Zip Code 45274-2596	
	Purpose of Disbursement Admin Cell Phone Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Michael Gray	Transaction ID: D326044 Date of Disbursement 09 / 30 / 2010
	Mailing Address 920 E 3rd Ave	Amount of Each Disbursement this Period 531.09
	City New Smyrna Beach State FL Zip Code 32169-3147	
	Purpose of Disbursement Reimbursement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Michael Gray	Transaction ID: D326045 Date of Disbursement 09 / 30 / 2010
	Mailing Address 920 E 3rd Ave	Amount of Each Disbursement this Period 411.09
	City New Smyrna Beach State FL Zip Code 32169-3147	
	Purpose of Disbursement Auto Travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	531.09
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 144 / 297

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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: D326046 Date of Disbursement 09 / 30 / 2010
	Mailing Address PO Box 660108	Amount of Each Disbursement this Period 120.00
	City Dallas State TX Zip Code 75266-0108	
	Purpose of Disbursement Admin Cell Phone Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Christopher Lazo	Transaction ID: D326047 Date of Disbursement 09 / 30 / 2010
	Mailing Address 1951 N Meridian Rd Apt 28	Amount of Each Disbursement this Period 479.75
	City Tallahassee State FL Zip Code 32303-5249	
	Purpose of Disbursement Reimbursement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Checkers Drive-In Restaurants, Inc.	Transaction ID: D326049 Date of Disbursement 09 / 30 / 2010
	Mailing Address PO Box 1079	Amount of Each Disbursement this Period 8.68
	City Clearwater State FL Zip Code 33757-1079	
	Purpose of Disbursement Lunch Meeting Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	479.75
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) Christopher Lazo	Transaction ID: D326048 Date of Disbursement 09 / 30 / 2010
	Mailing Address 1951 N Meridian Rd Apt 28	Amount of Each Disbursement this Period 471.07
	City Tallahassee State FL Zip Code 32303-5249	
	Purpose of Disbursement Auto Travel	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Royal Performace Group	Transaction ID: D326105 Date of Disbursement 09 / 29 / 2010
	Mailing Address 2100 Western Ave Ste 80	Amount of Each Disbursement this Period 4075.00
	City Lisle State IL Zip Code 60532-1971	
	Purpose of Disbursement Auto Travel	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Marquis Bridgewater	Transaction ID: D381885 Date of Disbursement 09 / 29 / 2010
	Mailing Address 1512 NW 46th St	Amount of Each Disbursement this Period 285.00
	City Miami State FL Zip Code 33142-4148	
	Purpose of Disbursement Auto Travel	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	4075.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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>A. Full Name (Last, First, Middle Initial) Tina Bruce</p> <p>Mailing Address 5973 Jessica Dr</p> <p>City Apopka State FL Zip Code 32703-1939</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D381874 Date of Disbursement 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 230.00</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Tina Bruce</p> <p>Mailing Address 5973 Jessica Dr</p> <p>City Apopka State FL Zip Code 32703-1939</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D364392 Date of Disbursement 10 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 130.00</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Rugh Cline</p> <p>Mailing Address 7720 Abbott Ave Apt 11</p> <p>City Miami Beach State FL Zip Code 33141-2399</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D381875 Date of Disbursement 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 285.00</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 147 / 297

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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>A. Full Name (Last, First, Middle Initial) Rugh Cline</p> <p>Mailing Address 7720 Abbott Ave Apt 11</p> <p>City Miami Beach State FL Zip Code 33141-2399</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D364346 Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 75.00</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Connor Davis</p> <p>Mailing Address 116 7th Ave N</p> <p>City Saint Petersburg State FL Zip Code 33701-2516</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D364389 Date of Disbursement 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 75.00</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Clifford Davy</p> <p>Mailing Address 5055 Wellington Park Cir Apt C18</p> <p>City Orlando State FL Zip Code 32839-4591</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D381878 Date of Disbursement 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 150.00</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 148 / 297

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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) Claude Delmas	Transaction ID: D381877 Date of Disbursement 09 / 29 / 2010
	Mailing Address 385 NE 159th St	
	City Miami State FL Zip Code 33162-5007	Amount of Each Disbursement this Period 225.00
	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) Michelle Guerin	Transaction ID: D381882 Date of Disbursement 09 / 29 / 2010
	Mailing Address 8670 Wesleyan Dr Apt 307	
	City Fort Myers State FL Zip Code 33919-5242	Amount of Each Disbursement this Period 285.00
	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) Zachary Jones	Transaction ID: D364395 Date of Disbursement 09 / 29 / 2010
	Mailing Address 1555 Delaney Dr Apt 312	
	City Tallahassee State FL Zip Code 32309-3441	Amount of Each Disbursement this Period 100.00
	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) ▼	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 149 / 297

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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>A.</p> <p>Full Name (Last, First, Middle Initial) Jason Lutin</p> <p>Mailing Address 2540 NW 24th St</p> <p>City Boca Raton State FL Zip Code 33434-4359</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>Transaction ID: D364343 Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 150.00</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Miguel Reinoso</p> <p>Mailing Address 8325 June St</p> <p>City Tampa State FL Zip Code 33615-2814</p> <p>Purpose of Disbursement 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>Transaction ID: D364390 Date of Disbursement 10 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 160.00</p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Arthur Moore</p> <p>Mailing Address 1816 NW 92nd St</p> <p>City Miami State FL Zip Code 33147-3134</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>Transaction ID: D381887 Date of Disbursement 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 150 / 297

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

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

A.	Full Name (Last, First, Middle Initial) Kathleen Munsford <hr/> Mailing Address 16835 NW 42nd Ave <hr/> City Miami Gardens State FL Zip Code 33055-4403 <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: D381880 Date of Disbursement 09 / 29 / 2010 <hr/> Amount of Each Disbursement this Period 285.00 <hr/> [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Kerry Nicholson <hr/> Mailing Address 3252 Sawgrass Creek Cir <hr/> City Saint Cloud State FL Zip Code 34772-7941 <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: D381886 Date of Disbursement 09 / 29 / 2010 <hr/> Amount of Each Disbursement this Period 285.00 <hr/> [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Joseph J Pierce <hr/> Mailing Address 2656 S Scenic Hwy <hr/> City Lake Wales State FL Zip Code 33898-7409 <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: D381879 Date of Disbursement 09 / 29 / 2010 <hr/> Amount of Each Disbursement this Period 225.00 <hr/> [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	0.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 151 / 297

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

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

A.	Full Name (Last, First, Middle Initial) Margaret Ramirez	Transaction ID: D381883 Date of Disbursement 09 / 29 / 2010
	Mailing Address 13671 SW 38th Avenue Rd	Amount of Each Disbursement this Period 300.00
	City Ocala State FL Zip Code 34473-2105	
	Purpose of Disbursement Auto Travel	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Edgar Rincon	Transaction ID: D381884 Date of Disbursement 09 / 29 / 2010
	Mailing Address 225 SW 159th Way	Amount of Each Disbursement this Period 150.00
	City Sunrise State FL Zip Code 33326-2274	
	Purpose of Disbursement Auto Travel	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Jean Roseme	Transaction ID: D381876 Date of Disbursement 09 / 29 / 2010
	Mailing Address 101 NE 31st St	Amount of Each Disbursement this Period 300.00
	City Pompano Beach State FL Zip Code 33064-3645	
	Purpose of Disbursement Auto Travel	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 152 / 297

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

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

A. Full Name (Last, First, Middle Initial) Jacob Smith <hr/> Mailing Address 2121 Intracoastal Dr <hr/> City Fort Lauderdale State FL Zip Code 33305-3637 Purpose of Disbursement Auto Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D381881 Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2010
	Amount of Each Disbursement this Period 225.00 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Joseph Szerejko <hr/> Mailing Address 15 Thicket Ln <hr/> City West Hartford State CT Zip Code 06107-1320 Purpose of Disbursement Auto Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D364345 Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2010
	Amount of Each Disbursement this Period 75.00 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

993358.60

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Ramone Anderson</p> <p>Mailing Address 2764 Tess Cir</p> <p>City Tallahassee State FL Zip Code 32304-1167</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>Transaction ID: D326576 Date of Disbursement: 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 152.38</p>
<p>B. Full Name (Last, First, Middle Initial) Gaston Araoz</p> <p>Mailing Address 1505 Crystal Dr Apt 504</p> <p>City Arlington State VA Zip Code 22202-4117</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>Transaction ID: D326526 Date of Disbursement: 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 831.03</p>
<p>C. Full Name (Last, First, Middle Initial) Gaston Araoz</p> <p>Mailing Address 1505 Crystal Dr Apt 504</p> <p>City Arlington State VA Zip Code 22202-4117</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>Transaction ID: D324403 Date of Disbursement: 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 689.48</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1672.89

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)

PAGE 154 / 297

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

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

A.	Full Name (Last, First, Middle Initial) Gabrielle Ann Arcangeli <hr/> Mailing Address 155 Whetherbine Way W <hr/> City Tallahassee State FL Zip Code 32301-8538 <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: D323424 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 1360.11
B.	Full Name (Last, First, Middle Initial) Gabrielle Ann Arcangeli <hr/> Mailing Address 155 Whetherbine Way W <hr/> City Tallahassee State FL Zip Code 32301-8538 <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: D326723 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0	Amount of Each Disbursement this Period 1360.10
C.	Full Name (Last, First, Middle Initial) Scott Arceneaux <hr/> Mailing Address 1544 Lorimier Rd <hr/> City Jacksonville State FL Zip Code 32207-4240 <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: D326708 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0	Amount of Each Disbursement this Period 4232.09

SUBTOTAL of Disbursements This Page (optional)	6952.30
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 155 / 297

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

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

A.	Full Name (Last, First, Middle Initial) Scott Arceneaux	Transaction ID: D323421 Date of Disbursement 09 / 15 / 2010
	Mailing Address 1544 Lorimier Rd	Amount of Each Disbursement this Period 4232.08
	City Jacksonville State FL Zip Code 32207-4240	
	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) Esther Arregui	Transaction ID: D324569 Date of Disbursement 09 / 15 / 2010
	Mailing Address 902 Lisbon St	Amount of Each Disbursement this Period 689.48
	City Coral Gables State FL Zip Code 33134-2240	
	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) Alan Awad	Transaction ID: D323432 Date of Disbursement 09 / 15 / 2010
	Mailing Address 13612 Avalon Heights Blvd Apt 204B	Amount of Each Disbursement this Period 1037.55
	City Tampa State FL Zip Code 33613-4676	
	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) ▶

5959.11

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 156 / 297

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

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

A.	Full Name (Last, First, Middle Initial) Alan Awad	Transaction ID: D326741 Date of Disbursement 09 / 30 / 2010
	Mailing Address 13612 Avalon Heights Blvd Apt 204B	Amount of Each Disbursement this Period 1037.56
	City Tampa State FL Zip Code 33613-4676	
	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: D326805 Date of Disbursement 09 / 30 / 2010
	Mailing Address 3619 Devereaux Ct	Amount of Each Disbursement this Period 1207.77
	City Orlando State FL Zip Code 32837-5463	
	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) Ashley Ball	Transaction ID: D326512 Date of Disbursement 09 / 30 / 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) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	4048.31
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 157 / 297

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

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

<p>A. Full Name (Last, First, Middle Initial) Ashley Ball</p> <p>Mailing Address 822 E 15th Ave</p> <p>City New Smyrna Beach State FL Zip Code 32169-3404</p> <p>Purpose of Disbursement 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>Transaction ID: D324398 Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1802.98</p>
<p>B. Full Name (Last, First, Middle Initial) Steven Balog</p> <p>Mailing Address 13413 Thomasville Cir</p> <p>City Tampa State FL Zip Code 33617-9344</p> <p>Purpose of Disbursement 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>Transaction ID: D323433 Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1118.33</p>
<p>C. Full Name (Last, First, Middle Initial) Steven Balog</p> <p>Mailing Address 13413 Thomasville Cir</p> <p>City Tampa State FL Zip Code 33617-9344</p> <p>Purpose of Disbursement 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>Transaction ID: D326742 Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1118.34</p>

SUBTOTAL of Disbursements This Page (optional)	4039.65
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 158 / 297

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

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

A.	Full Name (Last, First, Middle Initial) Lucas P Barks	Transaction ID: D326527 Date of Disbursement 09 / 30 / 2010
	Mailing Address 71 Gray Rd	
	City Gorham State ME Zip Code 04038-1110	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) Lucas P Barks	Transaction ID: D324404 Date of Disbursement 09 / 15 / 2010
	Mailing Address 71 Gray Rd	
	City Gorham State ME Zip Code 04038-1110	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) Jason Barnaby	Transaction ID: D323443 Date of Disbursement 09 / 15 / 2010
	Mailing Address 815 McBean Ct	
	City McDonough State GA Zip Code 30252-4162	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) ▼

SUBTOTAL of Disbursements This Page (optional)	2967.98
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)

PAGE 159 / 297

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

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

A. Full Name (Last, First, Middle Initial) Jason Barnaby <hr/> Mailing Address 815 McBean Ct <hr/> City McDonough State GA Zip Code 30252-4162 <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: D326759 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 1447.48
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Boris Bastidas <hr/> Mailing Address 1880 Florida Atlantic Blvd # 24N <hr/> City Boca Raton State FL Zip Code 33431-6455 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D326501 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 103.89
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Boris Bastidas <hr/> Mailing Address 1880 Florida Atlantic Blvd # 24N <hr/> City Boca Raton State FL Zip Code 33431-6455 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D324640 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010
	Amount of Each Disbursement this Period 421.83
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1973.20

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 160 / 297

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

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

A. Full Name (Last, First, Middle Initial) Robin Batts <hr/> Mailing Address 2421 Jackson Bluff Rd Apt 611C <hr/> City Tallahassee State FL Zip Code 32304-4537 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D326570 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 36.94
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Pablo Best <hr/> Mailing Address 623 N Federal Hwy <hr/> City Pompano Beach State FL Zip Code 33062-4301 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D326598 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 631.48
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Pablo Best <hr/> Mailing Address 623 N Federal Hwy <hr/> City Pompano Beach State FL Zip Code 33062-4301 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D324641 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010
	Amount of Each Disbursement this Period 827.26
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1495.68

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Pablo Best	Transaction ID: D324755 Date of Disbursement 09 / 20 / 2010
	Mailing Address 623 N Federal Hwy	Amount of Each Disbursement this Period 827.26
	City Pompano Beach State FL Zip Code 33062-4301	
	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: D324070 Date of Disbursement 09 / 17 / 2010
	Mailing Address 623 N Federal Hwy	Amount of Each Disbursement this Period 700.00
	City Pompano Beach State FL Zip Code 33062-4301	
	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) Craig Borkon	Transaction ID: D324386 Date of Disbursement 09 / 15 / 2010
	Mailing Address 8571 Brody Way ---	Amount of Each Disbursement this Period 1447.47
	City Boca Raton State FL Zip Code 33433-7647	
	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)	2974.73
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Craig Borkon	Transaction ID: D326793 Date of Disbursement 09 / 30 / 2010
	Mailing Address 8571 Brody Way ---	Amount of Each Disbursement this Period 1960.94
	City Boca Raton State FL Zip Code 33433-7647	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Eric Bornstein	Transaction ID: D326764 Date of Disbursement 09 / 30 / 2010
	Mailing Address 12 Bellevue Ave	Amount of Each Disbursement this Period 1447.47
	City Dobbs Ferry State NY Zip Code 10522-2606	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Eric Bornstein	Transaction ID: D323446 Date of Disbursement 09 / 15 / 2010
	Mailing Address 12 Bellevue Ave	Amount of Each Disbursement this Period 1447.47
	City Dobbs Ferry State NY Zip Code 10522-2606	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4855.88
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)

PAGE 163 / 297

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

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

<p>A. Full Name (Last, First, Middle Initial) Eric Bornstein</p> <p>Mailing Address 12 Bellevue Ave</p> <p>City Dobbs Ferry State NY Zip Code 10522-2606</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D323340 Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 550.02</p>
<p>B. Full Name (Last, First, Middle Initial) Jose Bosque</p> <p>Mailing Address 2314 Twilight Dr</p> <p>City Orlando State FL Zip Code 32825-7414</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>Transaction ID: D326615 Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 221.64</p>
<p>C. 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 32792-8438</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>Transaction ID: D326614 Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 221.64</p>

SUBTOTAL of Disbursements This Page (optional) ▶

993.30

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 164 / 297

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

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

<p>A. Full Name (Last, First, Middle Initial) Jeffrey E Branch</p> <p>Mailing Address 3700 Capital Cir SE Apt 520</p> <p>City Tallahassee State FL Zip Code 32311-2706</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>Transaction ID: D326763 Date of Disbursement: 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1624.19</p>
<p>B. Full Name (Last, First, Middle Initial) Jeffrey E Branch</p> <p>Mailing Address 3700 Capital Cir SE Apt 520</p> <p>City Tallahassee State FL Zip Code 32311-2706</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>Transaction ID: D323463 Date of Disbursement: 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1624.19</p>
<p>C. Full Name (Last, First, Middle Initial) William Brookley</p> <p>Mailing Address 1768 16th Ave N</p> <p>City Lake Worth State FL Zip Code 33460-6422</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>Transaction ID: D324650 Date of Disbursement: 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 219.33</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3467.71

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 165 / 297

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

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

A.	Full Name (Last, First, Middle Initial) William Brookley	Transaction ID: D322563 Date of Disbursement 09 / 03 / 2010
	Mailing Address 1768 16th Ave N	Amount of Each Disbursement this Period 80.00
	City Lake Worth State FL Zip Code 33460-6422	
	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) William Brookley	Transaction ID: D326601 Date of Disbursement 09 / 30 / 2010
	Mailing Address 1768 16th Ave N	Amount of Each Disbursement this Period 265.51
	City Lake Worth State FL Zip Code 33460-6422	
	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) Wilma Brown	Transaction ID: D326766 Date of Disbursement 09 / 30 / 2010
	Mailing Address 3817 Bennett Rd	Amount of Each Disbursement this Period 1014.39
	City Screven State GA Zip Code 31560-9133	
	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)	▶	1359.90
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 166 / 297

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

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

<p>A. Full Name (Last, First, Middle Initial) Wilma Brown</p> <p>Mailing Address 3817 Bennett Rd</p> <p>City Screven State GA Zip Code 31560-9133</p> <p>Purpose of Disbursement 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>Transaction ID: D323448 Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1014.39</p>
<p>B. Full Name (Last, First, Middle Initial) David Browne</p> <p>Mailing Address 417 S Paloma Pl</p> <p>City Tampa State FL Zip Code 33609-3711</p> <p>Purpose of Disbursement 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>Transaction ID: D323447 Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 2196.66</p>
<p>C. Full Name (Last, First, Middle Initial) David Browne</p> <p>Mailing Address 417 S Paloma Pl</p> <p>City Tampa State FL Zip Code 33609-3711</p> <p>Purpose of Disbursement 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>Transaction ID: D326765 Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1960.94</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5171.99

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 167 / 297

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

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

A. Full Name (Last, First, Middle Initial) Tina Bruce <hr/> Mailing Address 5973 Jessica Dr <hr/> City Apopka State FL Zip Code 32703-1939 <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: D364080 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 73.88
	Category/ Type
	Category/ Type
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 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: D326520 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 1207.77
	Category/ Type
	Category/ Type
C. 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 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: D323341 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 500.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ►

1781.65

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 168 / 297

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

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

A.	Full Name (Last, First, Middle Initial) Jordan J Budd	Transaction ID: D324663 Date of Disbursement 09 / 15 / 2010
	Mailing Address 128 Century Dr	Amount of Each Disbursement this Period 821.02
	City Easley State SC Zip Code 29642	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Akeem Carr	Transaction ID: D326571 Date of Disbursement 09 / 30 / 2010
	Mailing Address 1325 W Tharpe St Apt 911	Amount of Each Disbursement this Period 110.82
	City Tallahassee State FL Zip Code 32303-4599	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	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) ▼

SUBTOTAL of Disbursements This Page (optional)	1786.03
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 169 / 297

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

<p>A. 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 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>Transaction ID: D324406 Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 712.64</p>
<p>B. Full Name (Last, First, Middle Initial) Michael Church</p> <p>Mailing Address 3271 NW 114th Ave</p> <p>City Pompano Beach State FL Zip Code 33065-3107</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>Transaction ID: D324643 Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 375.51</p>
<p>C. Full Name (Last, First, Middle Initial) Michael Church</p> <p>Mailing Address 3271 NW 114th Ave</p> <p>City Pompano Beach State FL Zip Code 33065-3107</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>Transaction ID: D326502 Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 222.22</p>

SUBTOTAL of Disbursements This Page (optional) ►

1310.37

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 170 / 297

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

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

A.	Full Name (Last, First, Middle Initial) Ogden Frank Clark	Transaction ID: D326193 Date of Disbursement
	Mailing Address 3100 NE 49th St	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Fort Lauderdale State FL Zip Code 33308-4902	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Candidate Name	<input type="text" value="1014.40"/>
	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) Ogden Frank Clark	Transaction ID: D324385 Date of Disbursement
	Mailing Address 3100 NE 49th St	<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City Fort Lauderdale State FL Zip Code 33308-4902	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Candidate Name	<input type="text" value="1014.39"/>
	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) Rugh Cline	Transaction ID: D326806 Date of Disbursement
	Mailing Address 7720 Abbott Ave Apt 11	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Miami Beach State FL Zip Code 33141-2399	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Candidate Name	<input type="text" value="1917.40"/>
	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) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3946.19"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 171 / 297

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

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

A.	Full Name (Last, First, Middle Initial) Matthew Coppens	Transaction ID: D326530 Date of Disbursement 09 / 30 / 2010
	Mailing Address 2830 4th St NW	
	City Naples State FL Zip Code 34120-1394	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) ▼

B.	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 34120-1394	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) James Cornille	Transaction ID: D324389 Date of Disbursement 09 / 15 / 2010
	Mailing Address 1301 S Flagler Dr	
	City West Palm Beach State FL Zip Code 33401-6719	Amount of Each Disbursement this Period 285.71
	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)	1539.45
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 172 / 297

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

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

A. Full Name (Last, First, Middle Initial) James Cornille <hr/> Mailing Address 1301 S Flagler Dr <hr/> City West Palm Beach State FL Zip Code 33401-6719 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D322544 Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2010
	Amount of Each Disbursement this Period 55.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) James Cornille <hr/> Mailing Address 1301 S Flagler Dr <hr/> City West Palm Beach State FL Zip Code 33401-6719 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D326503 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 184.70
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Conner Crawford <hr/> Mailing Address 75 N Woodward Ave <hr/> City Tallahassee State FL Zip Code 32313-7500 <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: D326591 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 110.82
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

350.52

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 173 / 297

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

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

A.	Full Name (Last, First, Middle Initial) Henry Crespo	Transaction ID: D326794 Date of Disbursement 09 / 30 / 2010
	Mailing Address 219 NW 14th Ter 4952 NW 7th Ave, 33127	Amount of Each Disbursement this Period 2735.53
	City Miami State FL Zip Code 33136-1817	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Danielle Davis	Transaction ID: D326504 Date of Disbursement 09 / 30 / 2010
	Mailing Address 2131 NW 152nd St	Amount of Each Disbursement this Period 69.27
	City Opa Locka State FL Zip Code 33054-2804	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Danielle Davis	Transaction ID: D324644 Date of Disbursement 09 / 15 / 2010
	Mailing Address 2131 NW 152nd St	Amount of Each Disbursement this Period 251.08
	City Opa Locka State FL Zip Code 33054-2804	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3055.88
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)

PAGE 174 / 297

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

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

A.	Full Name (Last, First, Middle Initial) Clifford Davy	Transaction ID: D323434 Date of Disbursement 09 / 15 / 2010
	Mailing Address 5055 Wellington Park Cir Apt C18	Amount of Each Disbursement this Period 1154.37
	City Orlando State FL Zip Code 32839-4591	
	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: D326743 Date of Disbursement 09 / 30 / 2010
	Mailing Address 5055 Wellington Park Cir Apt C18	Amount of Each Disbursement this Period 1154.38
	City Orlando State FL Zip Code 32839-4591	
	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) 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 Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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)	3330.80
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)

PAGE 175 / 297

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

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

A. Full Name (Last, First, Middle Initial) Nicholas Denmon <hr/> Mailing Address 8300 41st Ave N <hr/> City Saint Petersburg State FL Zip Code 33709-3943 <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: D326767 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 1486.67
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Nicholas Denmon <hr/> Mailing Address 8300 41st Ave N <hr/> City Saint Petersburg State FL Zip Code 33709-3943 <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: D323449 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010
	Amount of Each Disbursement this Period 1486.67
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Yves Dessin <hr/> Mailing Address 2764 Tess Cir <hr/> City Tallahassee State FL Zip Code 32304-1167 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D326565 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 110.82
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3084.16

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 176 / 297

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

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

<p>A. Full Name (Last, First, Middle Initial) Michael Deutsch</p> <p>Mailing Address 4125 Georges Way</p> <p>City Boca Raton State FL Zip Code 33434-5345</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>Transaction ID: D322530 Date of Disbursement 09 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p>B. Full Name (Last, First, Middle Initial) Michael Deutsch</p> <p>Mailing Address 4125 Georges Way</p> <p>City Boca Raton State FL Zip Code 33434-5345</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>Transaction ID: D324652 Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 80.81</p>
<p>C. Full Name (Last, First, Middle Initial) Ernest DeZavala</p> <p>Mailing Address 740 Meridale Ave</p> <p>City Orlando State FL Zip Code 32803-4259</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>Transaction ID: D364075 Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 369.40</p>

SUBTOTAL of Disbursements This Page (optional) ▶

530.21

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)

PAGE 177 / 297

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

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

A.	Full Name (Last, First, Middle Initial) Sabrina Diz	Transaction ID: D326531 Date of Disbursement 09 / 30 / 2010
	Mailing Address 142 SE 9th Ct	
	City Hialeah State FL Zip Code 33010-5531	Amount of Each Disbursement this Period 807.87
	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) Sabrina Diz	Transaction ID: D324556 Date of Disbursement 09 / 15 / 2010
	Mailing Address 142 SE 9th Ct	
	City Hialeah State FL Zip Code 33010-5531	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) Michael Edwards	Transaction ID: D326573 Date of Disbursement 09 / 30 / 2010
	Mailing Address 809 Apache St	
	City Tallahassee State FL Zip Code 32301-7003	Amount of Each Disbursement this Period 147.76
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	1621.95
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)

PAGE 178 / 297

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

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

A.	Full Name (Last, First, Middle Initial) Michael Estell	Transaction ID: D326561 Date of Disbursement 09 / 30 / 2010
	Mailing Address 400 Putnam Dr	
	City Tallahassee State FL Zip Code 32301-6384	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.	Full Name (Last, First, Middle Initial) John Estes	Transaction ID: D326532 Date of Disbursement 09 / 30 / 2010
	Mailing Address 9884 SW 26th Ter	
	City Miami State FL Zip Code 33165-2627	Amount of Each Disbursement this Period 854.20
	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) ▼

C.	Full Name (Last, First, Middle Initial) John Estes	Transaction ID: D324561 Date of Disbursement 09 / 15 / 2010
	Mailing Address 9884 SW 26th Ter	
	City Miami State FL Zip Code 33165-2627	Amount of Each Disbursement this Period 712.64
	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)	▶	1673.04
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 179 / 297

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

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

A.	Full Name (Last, First, Middle Initial) Jared Fields	Transaction ID: D326590 Date of Disbursement 09 / 30 / 2010
	Mailing Address 5329 Dreamers Ln	Amount of Each Disbursement this Period 36.94
	City Tallahassee State FL Zip Code 32303-5688	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) David Fifer	Transaction ID: D326768 Date of Disbursement 09 / 30 / 2010
	Mailing Address 2790 Old St Augustine Rd Apt P166	Amount of Each Disbursement this Period 1037.55
	City Tallahassee State FL Zip Code 32301-6214	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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 32301-6214	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2112.04

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 180 / 297

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

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

<p>A.</p> <p>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 32399-6504</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>Transaction ID: D322880 Date of Disbursement 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 10.00</p>
<p>B.</p> <p>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 32399-6504</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>Transaction ID: D326033 Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 10.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Jomar Floyd</p> <p>Mailing Address 984 Beaver Creek Way</p> <p>City Tallahassee State FL Zip Code 32301-7313</p> <p>Purpose of Disbursement Salary</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>Transaction ID: D326577 Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 73.88</p>

SUBTOTAL of Disbursements This Page (optional) ▶

93.88

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)

PAGE 181 / 297

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

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

A.	Full Name (Last, First, Middle Initial) Marcus Garza	Transaction ID: D326744 Date of Disbursement 09 / 30 / 2010
	Mailing Address 10505 Lake Williams Dr	Amount of Each Disbursement this Period 1037.56
	City Odessa State FL Zip Code 33556-2643	
	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: D323435 Date of Disbursement 09 / 15 / 2010
	Mailing Address 10505 Lake Williams Dr	Amount of Each Disbursement this Period 1037.55
	City Odessa State FL Zip Code 33556-2643	
	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) Brendan Gleason	Transaction ID: D324647 Date of Disbursement 09 / 15 / 2010
	Mailing Address 6000 Moss Glen Ct	Amount of Each Disbursement this Period 1615.58
	City Clifton State VA Zip Code 20124-2364	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3690.69
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 182 / 297

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

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

A. Full Name (Last, First, Middle Initial) Brendan Gleason <hr/> Mailing Address 6000 Moss Glen Ct <hr/> City Clifton State VA Zip Code 20124-2364 <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: D326595 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 1615.58
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) John Granger <hr/> Mailing Address 1331 Alana Dr Apt 107 <hr/> City Orlando State FL Zip Code 32828-7033 <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: D364079 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 295.52
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Michael Gray <hr/> Mailing Address 920 E 3rd Ave <hr/> City New Smyrna Beach State FL Zip Code 32169-3147 <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: D326514 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 1060.73
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	2971.83
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 183 / 297

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

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

A. Full Name (Last, First, Middle Initial) Michael Gray <hr/> Mailing Address 920 E 3rd Ave <hr/> City New Smyrna Beach State FL Zip Code 32169-3147 <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: D324399 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 1060.72
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Jonterrius Green <hr/> Mailing Address 902 Apache St <hr/> City Tallahassee State FL Zip Code 32301-7006 <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: D326568 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 106.20
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Jennifer Greenfield <hr/> Mailing Address 5047 17th St <hr/> City Zephyrhills State FL Zip Code 33542-2147 <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: D326804 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 821.02
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1987.94
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Michelle Guerin	Transaction ID: D326769 Date of Disbursement 09 / 30 / 2010
	Mailing Address 8670 Wesleyan Dr Apt 307	Amount of Each Disbursement this Period 1060.72
	City Fort Myers State FL Zip Code 33919-5242	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Michelle Guerin	Transaction ID: D323451 Date of Disbursement 09 / 15 / 2010
	Mailing Address 8670 Wesleyan Dr Apt 307	Amount of Each Disbursement this Period 1447.46
	City Fort Myers State FL Zip Code 33919-5242	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Leonardo Guevara	Transaction ID: D326563 Date of Disbursement 09 / 30 / 2010
	Mailing Address 1001 Ocala Rd Apt 340	Amount of Each Disbursement this Period 36.94
	City Tallahassee State FL Zip Code 32304-1609	
	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) ▶

2545.12

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 185 / 297

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

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

A. Full Name (Last, First, Middle Initial) Ryan Hearn <hr/> Mailing Address 10937 NW 14th St <hr/> City Coral Springs State FL Zip Code 33071-8214 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D326602 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 69.26
	Category/Type
	(Empty box for Category/Type)
B. Full Name (Last, First, Middle Initial) Ryan Hearn <hr/> Mailing Address 10937 NW 14th St <hr/> City Coral Springs State FL Zip Code 33071-8214 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D324654 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010
	Amount of Each Disbursement this Period 132.75
	Category/Type
	(Empty box for Category/Type)
C. Full Name (Last, First, Middle Initial) Derek Helmick <hr/> Mailing Address 3712 NW 49th Ln <hr/> City Gainesville State FL Zip Code 32605-1081 <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: D324388 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010
	Amount of Each Disbursement this Period 1154.38
	Category/Type
	(Empty box for Category/Type)

SUBTOTAL of Disbursements This Page (optional) ▶	1356.39
TOTAL 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)

PAGE 186 / 297

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

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

A. Full Name (Last, First, Middle Initial) Derek Helmick <hr/> Mailing Address 3712 NW 49th Ln <hr/> City Gainesville State FL Zip Code 32605-1081 <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: D326499 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 1154.37
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Mario Henderson <hr/> Mailing Address 1348 Imperial Dr <hr/> City Daytona Beach State FL Zip Code 32117-3810 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D326771 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 1037.55
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Mario Henderson <hr/> Mailing Address 1348 Imperial Dr <hr/> City Daytona Beach State FL Zip Code 32117-3810 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D323452 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010
	Amount of Each Disbursement this Period 1037.55
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	3229.47
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)

PAGE 187 / 297

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

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

A.	Full Name (Last, First, Middle Initial) Samantha Herman	Transaction ID: D322543 Date of Disbursement 09 / 02 / 2010
	Mailing Address 6064 Vista Linda Ln	
	City Boca Raton State FL Zip Code 33433-8223	Amount of Each Disbursement this Period 85.63
	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) Evan Honor	Transaction ID: D322528 Date of Disbursement 09 / 02 / 2010
	Mailing Address 160 NW 70th St Apt 104	
	City Boca Raton State FL Zip Code 33487-2379	Amount of Each Disbursement this Period 28.75
	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) Andrea D Huerfano	Transaction ID: D324562 Date of Disbursement 09 / 15 / 2010
	Mailing Address 2949 Riverside Dr Apt 227	
	City Coral Springs State FL Zip Code 33065-1017	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)	780.70
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

FOR LINE NUMBER:
(check only one)

PAGE 188 / 297

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

<p>A. Full Name (Last, First, Middle Initial) Andrea D Huerfano</p> <p>Mailing Address 2949 Riverside Dr Apt 227</p> <p>City Coral Springs State FL Zip Code 33065-1017</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>Transaction ID: D326536 Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 807.87</p>
<p>B. Full Name (Last, First, Middle Initial) Sidney Issac</p> <p>Mailing Address 6876 Sugarloaf Key St</p> <p>City Lake Worth State FL Zip Code 33467-7652</p> <p>Purpose of Disbursement Salary</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>Transaction ID: D326603 Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 138.52</p>
<p>C. Full Name (Last, First, Middle Initial) Sidney Issac</p> <p>Mailing Address 6876 Sugarloaf Key St</p> <p>City Lake Worth State FL Zip Code 33467-7652</p> <p>Purpose of Disbursement Salary</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>Transaction ID: D324655 Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 242.42</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1188.81

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 189 / 297

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

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

A. Full Name (Last, First, Middle Initial) Sidney Issac <hr/> Mailing Address 6876 Sugarloaf Key St <hr/> City Lake Worth State FL Zip Code 33467-7652 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: D322542 Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2010
	Amount of Each Disbursement this Period 58.13
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Calvin J Ivey, Sr. <hr/> Mailing Address P.O. 6900 <hr/> City Tallahassee State FL Zip Code 32314 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: D326186 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	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) ▼
C. Full Name (Last, First, Middle Initial) Cindy Jeanbaptiste <hr/> Mailing Address 2421 Jackson Bluff Rd Apt 611D <hr/> City Tallahassee State FL Zip Code 32304-4537 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: D326569 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	205.89
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)

PAGE 190 / 297

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

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

<p>A. Full Name (Last, First, Middle Initial) Erin Jensen</p> <p>Mailing Address 517 Belle Isle Ave</p> <p>City Belleair Beach State FL Zip Code 33786-3611</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D326745 Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1037.56</p>
<p>B. Full Name (Last, First, Middle Initial) Erin Jensen</p> <p>Mailing Address 517 Belle Isle Ave</p> <p>City Belleair Beach State FL Zip Code 33786-3611</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D323436 Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1037.55</p>
<p>C. Full Name (Last, First, Middle Initial) Zachary Jones</p> <p>Mailing Address 1555 Delaney Dr Apt 312</p> <p>City Tallahassee State FL Zip Code 32309-3441</p> <p>Purpose of Disbursement Salary 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>Transaction ID: D326574 Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 138.52</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2213.63

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 191 / 297

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

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

A.	Full Name (Last, First, Middle Initial) Ricardo Junquera Mailing Address 10041 SW 48th St City Miami State FL Zip Code 33165-6379 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: D326537 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010	Amount of Each Disbursement this Period 807.87
B.	Full Name (Last, First, Middle Initial) Ricardo Junquera Mailing Address 10041 SW 48th St City Miami State FL Zip Code 33165-6379 Purpose of Disbursement 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: D324563 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010	Amount of Each Disbursement this Period 666.32
C.	Full Name (Last, First, Middle Initial) Ben King Mailing Address 3425 Mission Bay Blvd City Orlando State FL Zip Code 32817-1993 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: D324401 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010	Amount of Each Disbursement this Period 821.02

SUBTOTAL of Disbursements This Page (optional)	2295.21
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)

PAGE 192 / 297

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

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

<p>A. Full Name (Last, First, Middle Initial) Ben King</p> <p>Mailing Address 3425 Mission Bay Blvd</p> <p>City Orlando State FL Zip Code 32817-1993</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D326518 Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 821.03</p>
<p>B. Full Name (Last, First, Middle Initial) Daniel Krassner</p> <p>Mailing Address 715 N Calhoun St Apt 4</p> <p>City Tallahassee State FL Zip Code 32303-8706</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D326774 Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1479.63</p>
<p>C. Full Name (Last, First, Middle Initial) Daniel Krassner</p> <p>Mailing Address 715 N Calhoun St Apt 4</p> <p>City Tallahassee State FL Zip Code 32303-8706</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D323454 Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 831.36</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3132.02

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)

PAGE 193 / 297

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

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

A.	Full Name (Last, First, Middle Initial) David Lam Mailing Address 136 Upper Ferry Rd City Ewing State NJ Zip Code 08628-1529 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D324637 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 1 0	Amount of Each Disbursement this Period 2627.90
B.	Full Name (Last, First, Middle Initial) David Lam Mailing Address 136 Upper Ferry Rd City Ewing State NJ Zip Code 08628-1529 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D326500 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0	Amount of Each Disbursement this Period 1624.19
C.	Full Name (Last, First, Middle Initial) Mauricio Lamas Mailing Address 23141 SW 124th Ave City Miami State FL Zip Code 33170-6309 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: D326618 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0	Amount of Each Disbursement this Period 923.50

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)

PAGE 194 / 297

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

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

A.	Full Name (Last, First, Middle Initial) Mauricio Lamas <hr/> Mailing Address 23141 SW 124th Ave <hr/> City Miami State FL Zip Code 33170-6309 <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: D324660 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010	Amount of Each Disbursement this Period 923.50
B.	Full Name (Last, First, Middle Initial) Varjone Leone <hr/> Mailing Address 1424 Fisher Ln Apt B <hr/> City Tallahassee State FL Zip Code 32301-4948 <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: D326560 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010	Amount of Each Disbursement this Period 41.56
C.	Full Name (Last, First, Middle Initial) Joshua H Loewenstein <hr/> Mailing Address 1908 NW 4th Ave Apt 108 <hr/> City Boca Raton State FL Zip Code 33432-1501 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D326187 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010	Amount of Each Disbursement this Period 1060.73

SUBTOTAL of Disbursements This Page (optional)	2025.79
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 195 / 297

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

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

A. Full Name (Last, First, Middle Initial) Joshua H Loewenstein <hr/> Mailing Address 1908 NW 4th Ave Apt 108 <hr/> City Boca Raton State FL Zip Code 33432-1501 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D324384 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 1060.72
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Jason Lutin <hr/> Mailing Address 2540 NW 24th St <hr/> City Boca Raton State FL Zip Code 33434-4359 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D323431 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 1967.92
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Jason Lutin <hr/> Mailing Address 2540 NW 24th St <hr/> City Boca Raton State FL Zip Code 33434-4359 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D326740 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 1967.92
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	4996.56
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)

PAGE 196 / 297

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

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

A.

Full Name (Last, First, Middle Initial)
Dallas Madison

Transaction ID: D326589
Date of Disbursement

Mailing Address 618 Gunter St

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

City Tallahassee State FL Zip Code 32308-4922

Amount of Each Disbursement this Period

147.76

Purpose of Disbursement
Salary

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Hector Martinez

Transaction ID: D326548
Date of Disbursement

Mailing Address 11100 SW 46th St

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

City Miami State FL Zip Code 33165-4735

Amount of Each Disbursement this Period

807.88

Purpose of Disbursement
Salary

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Hector Martinez

Transaction ID: D324565
Date of Disbursement

Mailing Address 11100 SW 46th St

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

City Miami State FL Zip Code 33165-4735

Amount of Each Disbursement this Period

666.32

Purpose of Disbursement
Salary

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

1621.96

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 197 / 297

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

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

A.	Full Name (Last, First, Middle Initial) 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 33445-1471	
	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 33445-1471	
	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) 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 33445-1471	
	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)	▶	245.32
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 198 / 297

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

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

<p>A. Full Name (Last, First, Middle Initial) Melanie McCarter</p> <p>Mailing Address 1361 NW 20th Ave Apt 104</p> <p>City Delray Beach State FL Zip Code 33445-1471</p> <p>Purpose of Disbursement Salary 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>Transaction ID: D324645 Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 158.73</p>
<p>B. Full Name (Last, First, Middle Initial) Richard McGriff</p> <p>Mailing Address 2912 Woodrich Dr</p> <p>City Tallahassee State FL Zip Code 32301-3632</p> <p>Purpose of Disbursement Salary 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>Transaction ID: D326555 Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 36.94</p>
<p>C. Full Name (Last, First, Middle Initial) Emily Mcilveene</p> <p>Mailing Address 148 Meadow Brook Dr</p> <p>City Rock Spring State GA Zip Code 30739-2341</p> <p>Purpose of Disbursement 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>Transaction ID: D326540 Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 831.03</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1026.70

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

FOR LINE NUMBER:
(check only one)

PAGE 199 / 297

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

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

A. Full Name (Last, First, Middle Initial) Emily Mcilveene <hr/> Mailing Address 148 Meadow Brook Dr <hr/> City Rock Spring State GA Zip Code 30739-2341 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D324564 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010
	Amount of Each Disbursement this Period 689.48
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Michael Mckinnies <hr/> Mailing Address 3045 W Orange Ave <hr/> City Tallahassee State FL Zip Code 32310-5915 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D326592 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 106.20
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Edgar Mendez <hr/> Mailing Address 14936 SW 15th Ln <hr/> City Miami State FL Zip Code 33194-2534 <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: D326553 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 708.86
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	1504.54
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)

PAGE 200 / 297

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

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

A. Full Name (Last, First, Middle Initial) Nicholas Michalik <hr/> Mailing Address 9452 Laura Anne Dr <hr/> City Seminole State FL Zip Code 33776-1600 <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: D326796 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 1417.21
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Nicholas Michalik <hr/> Mailing Address 9452 Laura Anne Dr <hr/> City Seminole State FL Zip Code 33776-1600 <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: D323464 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010
	Amount of Each Disbursement this Period 384.08
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Alyssa Miller <hr/> Mailing Address 900 Riggins Rd Apt 723 <hr/> City Tallahassee State FL Zip Code 32308-2220 <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: D323427 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010
	Amount of Each Disbursement this Period 1295.38
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3096.67

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Alyssa Miller</p> <p>Mailing Address 900 Riggins Rd Apt 723</p> <p>City Tallahassee State FL Zip Code 32308-2220</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>Transaction ID: D326728 Date of Disbursement: 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1295.39</p>
<p>B. Full Name (Last, First, Middle Initial) Ms. Anne O Morgan</p> <p>Mailing Address 741 W Keller St</p> <p>City Hernando State FL Zip Code 34442-8810</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>Transaction ID: D326702 Date of Disbursement: 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 2907.77</p>
<p>C. Full Name (Last, First, Middle Initial) Ms. Anne O Morgan</p> <p>Mailing Address 741 W Keller St</p> <p>City Hernando State FL Zip Code 34442-8810</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>Transaction ID: D323419 Date of Disbursement: 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 2907.77</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7110.93

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 202 / 297

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

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

A.	Full Name (Last, First, Middle Initial) George Morse	Transaction ID: D324387 Date of Disbursement 09 / 15 / 2010
	Mailing Address 1908 NW 41st Ave Apt 108	Amount of Each Disbursement this Period 1014.39
	City Boca Raton State FL Zip Code 33432	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) George Morse	Transaction ID: D326498 Date of Disbursement 09 / 30 / 2010
	Mailing Address 1908 NW 41st Ave Apt 108	Amount of Each Disbursement this Period 1014.41
	City Boca Raton State FL Zip Code 33432	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Cary Nation	Transaction ID: D326604 Date of Disbursement 09 / 30 / 2010
	Mailing Address 1400 NW 9th Ave Apt 16	Amount of Each Disbursement this Period 167.38
	City Boca Raton State FL Zip Code 33486-1326	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2196.18

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)

PAGE 203 / 297

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

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

<p>A.</p> <p>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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D324656</p> <p>Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 230.87</p>
<p>B.</p> <p>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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D322533</p> <p>Date of Disbursement 09 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 96.25</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Reuben Neff</p> <p>Mailing Address 2010 E Palm Ave Apt 14322</p> <p>City Tampa State FL Zip Code 33605-3934</p> <p>Purpose of Disbursement 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>Transaction ID: D326801</p> <p>Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 2162.99</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2490.11

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)

PAGE 204 / 297

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

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

<p>A. Full Name (Last, First, Middle Initial) Sophia Nelson</p> <p>Mailing Address 5883 Caribbean Blvd Apt 33407</p> <p>City West Palm Beach State FL Zip Code 33407-1801</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>Transaction ID: D324661 Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1192.26</p>
<p>B. Full Name (Last, First, Middle Initial) Kerry Nicholson</p> <p>Mailing Address 3252 Sawgrass Creek Cir</p> <p>City Saint Cloud State FL Zip Code 34772-7941</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>Transaction ID: D326802 Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1691.54</p>
<p>C. Full Name (Last, First, Middle Initial) Tarin Nix</p> <p>Mailing Address 2704 French Pl Apt G</p> <p>City Austin State TX Zip Code 78722-2330</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>Transaction ID: D326524 Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 2129.32</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5013.12

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 205 / 297

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

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

A.	Full Name (Last, First, Middle Initial) Tarin Nix	Transaction ID: D324402 Date of Disbursement 09 / 15 / 2010
	Mailing Address 2704 French Pl Apt G	Amount of Each Disbursement this Period 2129.31
	City Austin State TX Zip Code 78722-2330	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bernadette Ohran	Transaction ID: D323437 Date of Disbursement 09 / 15 / 2010
	Mailing Address 155 55th Ave NE	Amount of Each Disbursement this Period 1076.76
	City Saint Petersburg State FL Zip Code 33703-3011	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Bernadette Ohran	Transaction ID: D326747 Date of Disbursement 09 / 30 / 2010
	Mailing Address 155 55th Ave NE	Amount of Each Disbursement this Period 1076.77
	City Saint Petersburg State FL Zip Code 33703-3011	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4282.84
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 206 / 297

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

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

A.	Full Name (Last, First, Middle Initial) Anthony Parets	Transaction ID: D326775 Date of Disbursement 09 / 30 / 2010
	Mailing Address 3607 Eagle Nest Ct	Amount of Each Disbursement this Period 1083.88
	City Melbourne State FL Zip Code 32904-9515	
	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: D323455 Date of Disbursement 09 / 15 / 2010
	Mailing Address 3607 Eagle Nest Ct	Amount of Each Disbursement this Period 1083.88
	City Melbourne State FL Zip Code 32904-9515	
	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) Mikeal Parlow	Transaction ID: D326522 Date of Disbursement 09 / 30 / 2010
	Mailing Address 615 Mount Olympus Blvd	Amount of Each Disbursement this Period 650.80
	City New Smyrna Beach State FL Zip Code 32168-2421	
	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)	2818.56
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)

PAGE 207 / 297

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

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

A. Full Name (Last, First, Middle Initial) Payroll Matters Mailing Address 2069 N Monroe St City Tallahassee State FL Zip Code 32303-4727 Purpose of Disbursement Payroll Tax Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D384234 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 802.79 Category/Type
B. Full Name (Last, First, Middle Initial) Payroll Matters Mailing Address 2069 N Monroe St City Tallahassee State FL Zip Code 32303-4727 Purpose of Disbursement Payroll Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D384235 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 8.75 Category/Type
C. Full Name (Last, First, Middle Initial) Kristen Pesicek Mailing Address 200 S Birch Rd Apt 611 City Fort Lauderdale State FL Zip Code 33316-1535 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: D326777 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 1479.63 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	2291.17
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

PAGE 208 / 297

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

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

A.	Full Name (Last, First, Middle Initial) Kristen Pesicek	Transaction ID: D323457 Date of Disbursement 09 / 15 / 2010
	Mailing Address 200 S Birch Rd Apt 611	Amount of Each Disbursement this Period 1479.63
	City Fort Lauderdale State FL Zip Code 33316-1535	
	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: D323456 Date of Disbursement 09 / 15 / 2010
	Mailing Address 13196 Brechner St	Amount of Each Disbursement this Period 844.15
	City Spring Hill State FL Zip Code 34609-1216	
	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) Elena Petrescu	Transaction ID: D326776 Date of Disbursement 09 / 30 / 2010
	Mailing Address 13196 Brechner St	Amount of Each Disbursement this Period 1037.55
	City Spring Hill State FL Zip Code 34609-1216	
	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)	3361.33
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 209 / 297

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

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

A. Full Name (Last, First, Middle Initial) Steven Phillips-Horst <hr/> Mailing Address 289 Harman St Apt 2L <hr/> City Brooklyn State NY Zip Code 11237-4946 <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: D326807 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 885.99
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Joseph J Pierce <hr/> Mailing Address 2656 S Scenic Hwy <hr/> City Lake Wales State FL Zip Code 33898-7409 <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: D326748 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 1014.40
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Joseph J Pierce <hr/> Mailing Address 2656 S Scenic Hwy <hr/> City Lake Wales State FL Zip Code 33898-7409 <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: D323438 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010
	Amount of Each Disbursement this Period 1014.39
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2914.78

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 210 / 297

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

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

A. Full Name (Last, First, Middle Initial) Douglas R. Pugh <hr/> Mailing Address PO Box 272813 <hr/> City Boca Raton State FL Zip Code 33427-2813 <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: D322541 Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2010
	Amount of Each Disbursement this Period 21.88
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Douglas R. Pugh <hr/> Mailing Address PO Box 272813 <hr/> City Boca Raton State FL Zip Code 33427-2813 <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: D324390 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010
	Amount of Each Disbursement this Period 248.19
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Michael Pugh <hr/> Mailing Address 611 SE 10th St <hr/> City Pompano Beach State FL Zip Code 33060-9405 <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: D324391 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010
	Amount of Each Disbursement this Period 509.33
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	779.40
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

PAGE 211 / 297

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

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

A.	Full Name (Last, First, Middle Initial) Michael Pugh	Transaction ID: D322536 Date of Disbursement 09 / 02 / 2010
	Mailing Address 611 SE 10th St	Amount of Each Disbursement this Period 115.00
	City Pompano Beach State FL Zip Code 33060-9405	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Michael Pugh	Transaction ID: D326507 Date of Disbursement 09 / 30 / 2010
	Mailing Address 611 SE 10th St	Amount of Each Disbursement this Period 210.69
	City Pompano Beach State FL Zip Code 33060-9405	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Maria Quezada	Transaction ID: D326549 Date of Disbursement 09 / 30 / 2010
	Mailing Address 322 E Mayfield Blvd	Amount of Each Disbursement this Period 807.88
	City San Antonio State TX Zip Code 78214-2448	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1133.57

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 212 / 297

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

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

A. Full Name (Last, First, Middle Initial) Maria Quezada <hr/> Mailing Address 322 E Mayfield Blvd <hr/> City San Antonio State TX Zip Code 78214-2448 <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: D324566 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010
	Amount of Each Disbursement this Period 666.32
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Margaret Ramirez <hr/> Mailing Address 13671 SW 38th Avenue Rd <hr/> City Ocala State FL Zip Code 34473-2105 <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: D323439 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010
	Amount of Each Disbursement this Period 566.09
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Margaret Ramirez <hr/> Mailing Address 13671 SW 38th Avenue Rd <hr/> City Ocala State FL Zip Code 34473-2105 <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: D326750 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 1055.71
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

2288.12

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Edgar Rincon	Transaction ID: D326798 Date of Disbursement 09 / 30 / 2010
	Mailing Address 225 SW 159th Way	Amount of Each Disbursement this Period 1037.55
	City Sunrise State FL Zip Code 33326-2274	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Edgar Rincon	Transaction ID: D323465 Date of Disbursement 09 / 15 / 2010
	Mailing Address 225 SW 159th Way	Amount of Each Disbursement this Period 1585.56
	City Sunrise State FL Zip Code 33326-2274	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Pamela Rivera	Transaction ID: D324400 Date of Disbursement 09 / 15 / 2010
	Mailing Address 232 Afton Sq Unit 212	Amount of Each Disbursement this Period 1037.55
	City Altamonte Springs State FL Zip Code 32714-3848	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3660.66
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)

PAGE 214 / 297

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

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

A.	Full Name (Last, First, Middle Initial) Pamela Rivera	Transaction ID: D326516 Date of Disbursement 09 / 30 / 2010
	Mailing Address 232 Afton Sq Unit 212	Amount of Each Disbursement this Period 1037.56
	City Altamonte Springs State FL Zip Code 32714-3848	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Ms. Terrie L. Rizzo	Transaction ID: D326597 Date of Disbursement 09 / 30 / 2010
	Mailing Address 737 NE Boca Bay Colony Dr	Amount of Each Disbursement this Period 923.50
	City Boca Raton State FL Zip Code 33487-1755	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Ms. Terrie L. Rizzo	Transaction ID: D324648 Date of Disbursement 09 / 15 / 2010
	Mailing Address 737 NE Boca Bay Colony Dr	Amount of Each Disbursement this Period 923.50
	City Boca Raton State FL Zip Code 33487-1755	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

PAGE 215 / 297

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

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

A. Full Name (Last, First, Middle Initial) Edith Robles <hr/> Mailing Address 305 Bullard St <hr/> City Fairfield State CT Zip Code 06825-3719 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D323458 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 2076.75
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Edith Robles <hr/> Mailing Address 305 Bullard St <hr/> City Fairfield State CT Zip Code 06825-3719 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D326778 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 2076.75
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Denise Rodriguez <hr/> Mailing Address 12514 Wandering Brook Dr <hr/> City Charlotte State NC Zip Code 28273-6974 <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: D326550 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 807.87
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	4961.37
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

PAGE 216 / 297

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

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

A.	Full Name (Last, First, Middle Initial) Denise Rodriguez	Transaction ID: 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.	Full Name (Last, First, Middle Initial) Joshua Romero	Transaction ID: D323459 Date of Disbursement 09 / 15 / 2010
	Mailing Address 2302 Simpson Ridge Cir Apt C	Amount of Each Disbursement this Period 1383.00
	City Kissimmee State FL Zip Code 34744-4487	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Joshua Romero	Transaction ID: D326779 Date of Disbursement 09 / 30 / 2010
	Mailing Address 2302 Simpson Ridge Cir Apt C	Amount of Each Disbursement this Period 1060.72
	City Kissimmee State FL Zip Code 34744-4487	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3110.04

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 217 / 297

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

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

A.	Full Name (Last, First, Middle Initial) Jean Roseme	Transaction ID: D326781 Date of Disbursement 09 / 30 / 2010
	Mailing Address 101 NE 31st St	Amount of Each Disbursement this Period 1462.79
	City Pompano Beach State FL Zip Code 33064-3645	
	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) Jean Roseme	Transaction ID: D323466 Date of Disbursement 09 / 15 / 2010
	Mailing Address 101 NE 31st St	Amount of Each Disbursement this Period 1462.79
	City Pompano Beach State FL Zip Code 33064-3645	
	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) Alexander Ross	Transaction ID: D324657 Date of Disbursement 09 / 15 / 2010
	Mailing Address 17789 Fieldbrook Cir W	Amount of Each Disbursement this Period 380.65
	City Boca Raton State FL Zip Code 33496-1567	
	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)	3306.23
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 218 / 297

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

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

<p>A. Full Name (Last, First, Middle Initial) Alexander Ross</p> <p>Mailing Address 17789 Fieldbrook Cir W</p> <p>City Boca Raton State FL Zip Code 33496-1567</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D326605 Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 46.17</p>
<p>B. Full Name (Last, First, Middle Initial) Maia Ryan</p> <p>Mailing Address 726 Maryland Ave</p> <p>City Winter Park State FL Zip Code 32789-5042</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D364076 Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 110.82</p>
<p>C. Full Name (Last, First, Middle Initial) Gabriel Sebag</p> <p>Mailing Address 635 Stillview Cir</p> <p>City Brandon State FL Zip Code 33510-2124</p> <p>Purpose of Disbursement 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>Transaction ID: D326782 Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1060.72</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1217.71

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 219 / 297

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

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

A. Full Name (Last, First, Middle Initial) Gabriel Sebag <hr/> Mailing Address 635 Stillview Cir <hr/> City Brandon State FL Zip Code 33510-2124 <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: D323460 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010
	Amount of Each Disbursement this Period 802.86
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Philip Shaw <hr/> Mailing Address 24 Coventry Ct <hr/> City Kissimmee State FL Zip Code 34758-2940 <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: D326803 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 1378.60
	Category/ Type
	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 <hr/> Mailing Address 2111 Almeria Way S <hr/> City Saint Petersburg State FL Zip Code 33712-4418 <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: D326800 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 1014.39
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3195.85

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 220 / 297

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

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

<p>A. Full Name (Last, First, Middle Initial) Vito D Sheeley</p> <p>Mailing Address 2111 Almeria Way S</p> <p>City Saint Petersburg State FL Zip Code 33712-4418</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>Transaction ID: D323467 Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1014.39</p>
<p>B. Full Name (Last, First, Middle Initial) Justin Shoham</p> <p>Mailing Address 28 Lark Pl</p> <p>City Old Bridge State NJ Zip Code 08857-3062</p> <p>Purpose of Disbursement 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>Transaction ID: D324568 Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 666.32</p>
<p>C. Full Name (Last, First, Middle Initial) Justin Shoham</p> <p>Mailing Address 28 Lark Pl</p> <p>City Old Bridge State NJ Zip Code 08857-3062</p> <p>Purpose of Disbursement 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>Transaction ID: D326551 Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 807.88</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2488.59

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)

PAGE 221 / 297

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

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

A. Full Name (Last, First, Middle Initial) Dana Singer <hr/> Mailing Address 622 8th St <hr/> City Marietta State OH Zip Code 45750-1937 <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: D326795 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 906.02
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Jacob Smith <hr/> Mailing Address 2121 Intracoastal Dr <hr/> City Fort Lauderdale State FL Zip Code 33305-3637 <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: D326756 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 1037.54
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Jacob Smith <hr/> Mailing Address 2121 Intracoastal Dr <hr/> City Fort Lauderdale State FL Zip Code 33305-3637 <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: D323441 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 554.12
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

2497.68

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 222 / 297

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

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

A.	Full Name (Last, First, Middle Initial) Mildred O. Smith	Transaction ID: D323420 Date of Disbursement 09 / 15 / 2010
	Mailing Address 3550 Esplanade Way Apt 8107	Amount of Each Disbursement this Period 1512.05
	City Tallahassee State FL Zip Code 32311-3755	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mildred O. Smith	Transaction ID: D326705 Date of Disbursement 09 / 30 / 2010
	Mailing Address 3550 Esplanade Way Apt 8107	Amount of Each Disbursement this Period 1512.05
	City Tallahassee State FL Zip Code 32311-3755	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Joshua Solomon	Transaction ID: D326606 Date of Disbursement 09 / 30 / 2010
	Mailing Address 5575 NW 119th Drive	Amount of Each Disbursement this Period 150.07
	City Pompano Beach State FL Zip Code 33076	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3174.17
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 223 / 297

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

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

<p>A. 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>Transaction ID: D322564 Date of Disbursement 09 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 88.75</p>
<p>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>Transaction ID: D324658 Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 245.31</p>
<p>C. Full Name (Last, First, Middle Initial) Naomi Soto</p> <p>Mailing Address 494 Green Spring Cir</p> <p>City Winter Springs State FL Zip Code 32708-3026</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>Transaction ID: D364078 Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 289.04</p>

SUBTOTAL of Disbursements This Page (optional) ▶

623.10

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

FOR LINE NUMBER:
(check only one)

PAGE 224 / 297

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

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

A. Full Name (Last, First, Middle Initial) Reamonn Soto <hr/> Mailing Address 2110 Hagan Dr <hr/> City Tallahassee State FL Zip Code 32303-4720 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D326558 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 110.82
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Clint Starling <hr/> Mailing Address 3801 Summer Wind Dr <hr/> City Winter Park State FL Zip Code 32792-5210 <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: D364077 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 443.28
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Conrad Stroman <hr/> Mailing Address 2625 SW 75th St Apt 1331 <hr/> City Gainesville State FL Zip Code 32608-8351 <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: D326791 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 1625.86
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	2179.96
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 225 / 297

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

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

<p>A. Full Name (Last, First, Middle Initial) Rafael Suarez</p> <p>Mailing Address 100 Golden Isles Dr Apt 1003</p> <p>City Hallandale Beach State FL Zip Code 33009-8811</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>Transaction ID: D326508 Date of Disbursement: 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 316.33</p>
<p>B. Full Name (Last, First, Middle Initial) Rafael Suarez</p> <p>Mailing Address 100 Golden Isles Dr Apt 1003</p> <p>City Hallandale Beach State FL Zip Code 33009-8811</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>Transaction ID: D365738 Date of Disbursement: 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 446.35</p>
<p>C. Full Name (Last, First, Middle Initial) Rafael Suarez</p> <p>Mailing Address 100 Golden Isles Dr Apt 1003</p> <p>City Hallandale Beach State FL Zip Code 33009-8811</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>Transaction ID: D322529 Date of Disbursement: 09 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 45.63</p>

SUBTOTAL of Disbursements This Page (optional) ▶

808.31

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Omar Syed <hr/> Mailing Address 13538 Lake Magdalene Dr <hr/> City Tampa State FL Zip Code 33613-4130 <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: D326752 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 1037.56
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Omar Syed <hr/> Mailing Address 13538 Lake Magdalene Dr <hr/> City Tampa State FL Zip Code 33613-4130 <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: D326754 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 1037.55
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Joseph Szerejko <hr/> Mailing Address 15 Thicket Ln <hr/> City West Hartford State CT Zip Code 06107-1320 <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: D326792 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 1501.40
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3576.51

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 227 / 297

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

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

A.	Full Name (Last, First, Middle Initial) Joseph Szerejko	Transaction ID: D323462 Date of Disbursement 09 / 15 / 2010
	Mailing Address 15 Thicket Ln	Amount of Each Disbursement this Period 1753.95
	City West Hartford State CT Zip Code 06107-1320	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Kyree Thomas	Transaction ID: D326567 Date of Disbursement 09 / 30 / 2010
	Mailing Address 1809 Gina Ln	Amount of Each Disbursement this Period 150.07
	City Tallahassee State FL Zip Code 32303-3354	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Ms. Karen L. Thurman	Transaction ID: D326721 Date of Disbursement 09 / 30 / 2010
	Mailing Address 9067 SW 190th Avenue Rd	Amount of Each Disbursement this Period 3232.95
	City Dunnellon State FL Zip Code 34432-2827	
	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) ►

5136.97

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)

PAGE 228 / 297

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

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

A. Full Name (Last, First, Middle Initial) Ms. Karen L. Thurman <hr/> Mailing Address 9067 SW 190th Avenue Rd <hr/> City Dunnellon State FL Zip Code 34432-2827 <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: D323423 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010
	Amount of Each Disbursement this Period 3232.95
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Christopher Turner <hr/> Mailing Address 2626 E Park Ave Apt 6104 <hr/> City Tallahassee State FL Zip Code 32301-0816 <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: D324383 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010
	Amount of Each Disbursement this Period 1293.30
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Christopher Turner <hr/> Mailing Address 2626 E Park Ave Apt 6104 <hr/> City Tallahassee State FL Zip Code 32301-0816 <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: D326184 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 1370.65
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	5896.90
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

PAGE 229 / 297

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

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

A.	Full Name (Last, First, Middle Initial) Hafsah Ullah	Transaction ID: D326523 Date of Disbursement 09 / 30 / 2010
	Mailing Address 11336 Bridge House Rd	Amount of Each Disbursement this Period 740.53
	City Windermere State FL Zip Code 34786-5405	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Adam Unger	Transaction ID: D326760 Date of Disbursement 09 / 30 / 2010
	Mailing Address 2309 Old Bainbridge Rd # 101 C	Amount of Each Disbursement this Period 1154.37
	City Tallahassee State FL Zip Code 32303-3805	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Adam Unger	Transaction ID: D323444 Date of Disbursement 09 / 15 / 2010
	Mailing Address 2309 Old Bainbridge Rd # 101 C	Amount of Each Disbursement this Period 1154.37
	City Tallahassee State FL Zip Code 32303-3805	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3049.27
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)

PAGE 230 / 297

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

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

A. Full Name (Last, First, Middle Initial) James Wheeler <hr/> Mailing Address 2418 Teresa Cir Apt D <hr/> City Tampa State FL Zip Code 33629-6148 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D323445 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010
	Amount of Each Disbursement this Period 1037.55
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) James Wheeler <hr/> Mailing Address 2418 Teresa Cir Apt D <hr/> City Tampa State FL Zip Code 33629-6148 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D322812 Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2010
	Amount of Each Disbursement this Period 1279.28
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) James Wheeler <hr/> Mailing Address 2418 Teresa Cir Apt D <hr/> City Tampa State FL Zip Code 33629-6148 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D326761 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 1037.55
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3354.38

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 231 / 297

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

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

<p>A. Full Name (Last, First, Middle Initial) Jennifer Whitcomb</p> <p>Mailing Address 710 13th Ave S</p> <p>City Jacksonville Beach State FL Zip Code 32250-5032</p> <p>Purpose of Disbursement 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>Transaction ID: D326758 Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1501.40</p>
<p>B. Full Name (Last, First, Middle Initial) Jennifer Whitcomb</p> <p>Mailing Address 710 13th Ave S</p> <p>City Jacksonville Beach State FL Zip Code 32250-5032</p> <p>Purpose of Disbursement 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>Transaction ID: D323442 Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1230.93</p>
<p>C. Full Name (Last, First, Middle Initial) Jennifer Whitcomb</p> <p>Mailing Address 710 13th Ave S</p> <p>City Jacksonville Beach State FL Zip Code 32250-5032</p> <p>Purpose of Disbursement 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>Transaction ID: D323339 Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 375.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3107.33

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 232 / 297

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

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

A. Full Name (Last, First, Middle Initial) Delbert Williams <hr/> Mailing Address 1581 Payne St <hr/> City Tallahassee State FL Zip Code 32303-5729 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: D326588 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 184.70
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Robert Williams <hr/> Mailing Address 3612 S Lakewood Dr <hr/> City Tallahassee State FL Zip Code 32305-5206 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: D326594 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 184.70
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Gordon Wilson <hr/> Mailing Address 802 Wildwood Cir <hr/> City Port Orange State FL Zip Code 32127-4870 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: D326521 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 821.02
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1190.42

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)

PAGE 233 / 297

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

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

A.	Full Name (Last, First, Middle Initial) Gordon Wilson	Transaction ID: D324662 Date of Disbursement 09 / 15 / 2010
	Mailing Address 802 Wildwood Cir	Amount of Each Disbursement this Period 821.02
	City Port Orange State FL Zip Code 32127-4870	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Matthew Wilson	Transaction ID: D324382 Date of Disbursement 09 / 15 / 2010
	Mailing Address 5760 Braveheart Way	Amount of Each Disbursement this Period 821.02
	City Tallahassee State FL Zip Code 32317-9409	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Matthew Wilson	Transaction ID: D326183 Date of Disbursement 09 / 30 / 2010
	Mailing Address 5760 Braveheart Way	Amount of Each Disbursement this Period 821.02
	City Tallahassee State FL Zip Code 32317-9409	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2463.06

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 234 / 297

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

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

A.

Full Name (Last, First, Middle Initial)

Kiara Wright

Transaction ID: D326593

Date of Disbursement

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

Mailing Address 410 Victory Garden Dr
Apt 75

City Tallahassee State FL Zip Code 32301-3239

Amount of Each Disbursement this Period

355.55

Purpose of Disbursement
Salary

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

355.55

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

218358.36

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 235 / 297
	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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Production Resource Group	Nature of Debt (Purpose): Audio Visual/Conference
Mailing Address 1902 Cypress Lake Dr	
City State ZIP Code Orlando FL 32837-8458	

Outstanding Balance Beginning This Period	Transaction ID: D119404	
18541.50		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	18541.50

1) SUBTOTALS This Period This Page (optional).....	18541.50
2) TOTALS This Period (last page this line number only).....	18541.50
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	18541.50

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation :

- I. FUNDRAISING activities are allocated using the 'funds received method' where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.
For PACs Only : Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

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

i) Total Administrative		167543.39	Transaction ID: T475
ii) Generic Voter Drive			Transaction ID:
iii) Exempt Activities			Transaction ID:
iv) Direct Fundraising (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	
v) Direct Candidate Support (List of Activity or Event Identifier)			
a) _____			Transaction ID:
b) _____			Transaction ID:
c) Total Amount Transferred For Direct Candidate Support			
vi) Public Communications Referring Only to Party (Made by PAC)			Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	
TOTAL This Period (Generic Voter Drive)	
TOTAL This Period (Exempt Activities)	
TOTAL This Period (Direct Fundraising)	
TOTAL This Period (Direct Candidate Support)	
TOTAL This Period (Public Communications Referring Only to Party)	
TOTAL 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

i) Total Administrative	93671.06	Transaction ID: T479
ii) Generic Voter Drive		Transaction ID:
iii) Exempt Activities		Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising		
v) Direct Candidate Support (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support		
vi) Public Communications Referring Only to Party (Made by PAC)		Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	261214.45
TOTAL This Period (Generic Voter Drive)	0.00
TOTAL This Period (Exempt Activities)	0.00
TOTAL This Period (Direct Fundraising)	147669.40
TOTAL This Period (Direct Candidate Support)	0.00
TOTAL This Period (Public Communications Referring Only to Party)	0.00
TOTAL 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

A. Full Name (Last, First, Middle Initial)
Anagram Corporation
Mailing Address
310 W Jefferson St
City State Zip Code
Tallahassee FL 32301-1419
Purpose of Disbursement:
Admin Lease/Rent
Activity or Event Identifier:
Administrative

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
948864.41
Date 09 / 10 / 2010
Transaction ID: D322888

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
801.41		3014.84		3816.25

B. Full Name (Last, First, Middle Initial)
Blue Cross and Blue Shield of Florida
Mailing Address
PO Box 2210
City State Zip Code
Jacksonville FL 32203-2210
Purpose of Disbursement:
Benefits
Activity or Event Identifier:
Administrative

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
948864.41
Date 09 / 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 St NW Ste 1200
City State Zip Code
Washington DC 20005-1013
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
948864.41
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
2391.00		8994.76		11385.76

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

A. Full Name (Last, First, Middle Initial) Capital Business Center			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1851 S Monroe St			Allocated Activity or Event Year-To-Date 948864.41	
City Tallahassee	State FL	Zip Code 32301-5527	Date M M / D D / Y Y Y Y 09 / 10 / 2010 Transaction ID: D322886	
Purpose of Disbursement: Admin Lease/Rent				
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
22.11		83.19		105.30

B. Full Name (Last, First, Middle Initial) Capital Business Center			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1851 S Monroe St			Allocated Activity or Event Year-To-Date 948864.41	
City Tallahassee	State FL	Zip Code 32301-5527	Date M M / D D / Y Y Y Y 09 / 28 / 2010 Transaction ID: D326004	
Purpose of Disbursement: Admin Lease/Rent				
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
56.26		211.64		267.90

C. Full Name (Last, First, Middle Initial) Carr, Riggs, & Ingram			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1713 Mahan Dr			Allocated Activity or Event Year-To-Date 948864.41	
City Tallahassee	State FL	Zip Code 32308-1218	Date M M / D D / Y Y Y Y 09 / 10 / 2010 Transaction ID: D322883	
Purpose of Disbursement: Consulting/ Accounting				
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
316.26		1189.74		1506.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
394.63		1484.57		1879.20

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

A. Full Name (Last, First, Middle Initial) Century Link			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 96064			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%;">948864.41</div>	
City Charlotte	State NC	Zip Code 28296-0064	Category/ Type <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	
Purpose of Disbursement: Admin Telephone			Date M M / D D / Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 02 / 2010</div>	
Activity or Event Identifier: Administrative			Transaction ID: D322580	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
131.79		495.77		627.56

B. Full Name (Last, First, Middle Initial) Ms. Christina Boltin			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2413 Bayshore Blvd			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%;">948864.41</div>	
City Tampa	State FL	Zip Code 33629-7333	Category/ Type <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	
Purpose of Disbursement: Salary			Date M M / D D / Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 30 / 2010</div>	
Activity or Event Identifier: Administrative			Transaction ID: D326695	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
335.37		1429.75		1765.12

C. Full Name (Last, First, Middle Initial) Ms. Christina Boltin			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2413 Bayshore Blvd			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%;">948864.41</div>	
City Tampa	State FL	Zip Code 33629-7333	Category/ Type <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	
Purpose of Disbursement: Salary			Date M M / D D / Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 15 / 2010</div>	
Activity or Event Identifier: Administrative			Transaction ID: D323417	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
370.68		1394.44		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

A. Full Name (Last, First, Middle Initial) Christopher Lazo Mailing Address 1951 N Meridian Rd Apt 28 City State Zip Code Tallahassee FL 32303-5249 Purpose of Disbursement: Salary Activity or Event Identifier: Administrative	Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date 948864.41 Date MM / DD / YYYY 09 / 15 / 2010 Transaction ID: D323428
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FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
177.28		666.90		844.18

B. Full Name (Last, First, Middle Initial) Christopher Lazo Mailing Address 1951 N Meridian Rd Apt 28 City State Zip Code Tallahassee FL 32303-5249 Purpose of Disbursement: Salary Activity or Event Identifier: Administrative	Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date 948864.41 Date MM / DD / YYYY 09 / 30 / 2010 Transaction ID: D326731
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FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
177.28		666.90		844.18

C. Full Name (Last, First, Middle Initial) City of Tallahassee Mailing Address 600 N Monroe St City State Zip Code Tallahassee FL 32301-1262 Purpose of Disbursement: Admin Utilities Activity or Event Identifier: Administrative	Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date 948864.41 Date MM / DD / YYYY 09 / 27 / 2010 Transaction ID: D325574
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FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
459.29		1727.80		2187.09

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
813.85		3061.60		3875.45

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

A. Full Name (Last, First, Middle Initial) Comcast			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address PO Box 105184			Allocated Activity or Event Year-To-Date 948864.41																						
City Atlanta	State GA	Zip Code 30348-5184	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																
Purpose of Disbursement: Admin Internet			Transaction ID: D324871																						
Activity or Event Identifier: Administrative																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
62.71		235.89		298.60

B. Full Name (Last, First, Middle Initial) Covenant Hospice			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 107 W 19th St			Allocated Activity or Event Year-To-Date 948864.41																						
City Panama City	State FL	Zip Code 32405-4647	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																
Purpose of Disbursement: Contribution			Transaction ID: D325646																						
Activity or Event Identifier: Administrative																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
52.50		197.50		250.00

C. Full Name (Last, First, Middle Initial) DeltaCom1058			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address PO Box 740597			Allocated Activity or Event Year-To-Date 948864.41																						
City Atlanta	State GA	Zip Code 30374-0597	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																
Purpose of Disbursement: Admin Telephone			Transaction ID: D324902																						
Activity or Event Identifier: Administrative																									

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

A. Full Name (Last, First, Middle Initial) Disney Destinations, LLC			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 1000			Allocated Activity or Event Year-To-Date 948864.41		
City Lake Buena Vista	State FL	Zip Code 32830-6000	Date 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. Full Name (Last, First, Middle Initial) Eric Jotkoff			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 3607 Eagle Nest Ct			Allocated Activity or Event Year-To-Date 948864.41		
City Melbourne	State FL	Zip Code 32904-9515	Date 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

C. Full Name (Last, First, Middle Initial) Eric Jotkoff			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 3607 Eagle Nest Ct			Allocated Activity or Event Year-To-Date 948864.41		
City Melbourne	State FL	Zip Code 32904-9515	Date MM / DD / YYYY 09 / 30 / 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

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
12213.88		45947.43		58161.31

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

A. Full Name (Last, First, Middle Initial) 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 PO Box 917807			Allocated Activity or Event Year-To-Date 948864.41		
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. Full Name (Last, First, Middle Initial) 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 948864.41		
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

C. Full Name (Last, First, Middle Initial) 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 W Tennessee St			Allocated Activity or Event Year-To-Date 948864.41		
City Tallahassee	State FL	Zip Code 32399-6586	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

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
62.07		233.49		295.56

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

A. Full Name (Last, First, Middle Initial) Goodies Eatery			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 948864.41	
City Tallahassee	State FL	Zip Code 32301-7704		
Purpose of Disbursement: Lunch Meeting			Category/ Type	
Activity or Event Identifier: Administrative			Date <input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2010"/> Transaction ID: D324747	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.12		15.52		19.64

B. Full Name (Last, First, Middle Initial) Intermedia.Net			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 156 W 56th St Ste 1601			Allocated Activity or Event Year-To-Date 948864.41	
City New York	State NY	Zip Code 10019-3878		
Purpose of Disbursement: Admin Internet			Category/ Type	
Activity or Event Identifier: Administrative			Date <input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> Transaction ID: D328774	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.36		5.12		6.48

C. Full Name (Last, First, Middle Initial) Intermedia.Net			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 156 W 56th St Ste 1601			Allocated Activity or Event Year-To-Date 948864.41	
City New York	State NY	Zip Code 10019-3878		
Purpose of Disbursement: Admin Internet			Category/ Type	
Activity or Event Identifier: Administrative			Date <input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> Transaction ID: D328775	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.36		5.12		6.48

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.84		25.76		32.60

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

A. Full Name (Last, First, Middle Initial) Intermedia.Net			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 156 W 56th St Ste 1601			Allocated Activity or Event Year-To-Date 948864.41		
City New York	State NY	Zip Code 10019-3878	Date <input type="text" value="09"/> / <input type="text" value="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. Full Name (Last, First, Middle Initial) Intermedia.Net			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 156 W 56th St Ste 1601			Allocated Activity or Event Year-To-Date 948864.41		
City New York	State NY	Zip Code 10019-3878	Date <input type="text" value="09"/> / <input type="text" value="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

C. Full Name (Last, First, Middle Initial) Intermedia.Net			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 156 W 56th St Ste 1601			Allocated Activity or Event Year-To-Date 948864.41		
City New York	State NY	Zip Code 10019-3878	Date <input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Admin Internet			Transaction ID: D328778		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.36		5.12		6.48

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.80		18.08		22.88

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

A. Full Name (Last, First, Middle Initial) Intermedia.Net			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																		
Mailing Address 156 W 56th St Ste 1601			Allocated Activity or Event Year-To-Date 948864.41																		
City New York	State NY	Zip Code 10019-3878	Date <table border="1"><tr><td>M</td><td>M</td></tr><tr><td>0</td><td>9</td></tr></table> / <table border="1"><tr><td>D</td><td>D</td></tr><tr><td>1</td><td>5</td></tr></table> / <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>			M	M	0	9	D	D	1	5	Y	Y	Y	Y	2	0	1	0
M	M																				
0	9																				
D	D																				
1	5																				
Y	Y	Y	Y																		
2	0	1	0																		
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. Full Name (Last, First, Middle Initial) Intermedia.Net			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																		
Mailing Address 156 W 56th St Ste 1601			Allocated Activity or Event Year-To-Date 948864.41																		
City New York	State NY	Zip Code 10019-3878	Date <table border="1"><tr><td>M</td><td>M</td></tr><tr><td>0</td><td>9</td></tr></table> / <table border="1"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>7</td></tr></table> / <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>			M	M	0	9	D	D	0	7	Y	Y	Y	Y	2	0	1	0
M	M																				
0	9																				
D	D																				
0	7																				
Y	Y	Y	Y																		
2	0	1	0																		
Purpose of Disbursement: Admin Internet			Transaction ID: D328791																		
Activity or Event Identifier: Administrative																					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.90		3.39		4.29

C. Full Name (Last, First, Middle Initial) Intermedia.Net			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																		
Mailing Address 156 W 56th St Ste 1601			Allocated Activity or Event Year-To-Date 948864.41																		
City New York	State NY	Zip Code 10019-3878	Date <table border="1"><tr><td>M</td><td>M</td></tr><tr><td>0</td><td>9</td></tr></table> / <table border="1"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>2</td></tr></table> / <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>			M	M	0	9	D	D	0	2	Y	Y	Y	Y	2	0	1	0
M	M																				
0	9																				
D	D																				
0	2																				
Y	Y	Y	Y																		
2	0	1	0																		
Purpose of Disbursement: Admin Internet			Transaction ID: D322868																		
Activity or Event Identifier: Administrative																					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.08		19.10		24.18

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.34		27.61		34.95

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

A. Full Name (Last, First, Middle Initial)
Intermedia.Net
Mailing Address
156 W 56th St Ste 1601
City New York **State** NY **Zip Code** 10019-3878
Purpose of Disbursement:
Admin Internet
Activity or Event Identifier:
Administrative

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
948864.41
Date 09 / 27 / 2010
Transaction ID: D325900

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.36		1.37		1.73

B. Full Name (Last, First, Middle Initial)
Intermedia.Net
Mailing Address
156 W 56th St Ste 1601
City New York **State** NY **Zip Code** 10019-3878
Purpose of Disbursement:
Admin Internet
Activity or Event Identifier:
Administrative

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
948864.41
Date 09 / 27 / 2010
Transaction ID: D325901

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.36		1.37		1.73

C. Full Name (Last, First, Middle Initial)
Intermedia.Net
Mailing Address
156 W 56th St Ste 1601
City New York **State** NY **Zip Code** 10019-3878
Purpose of Disbursement:
Admin Internet
Activity or Event Identifier:
Administrative

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
948864.41
Date 09 / 27 / 2010
Transaction ID: D325906

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.36		1.37		1.73

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.08		4.11		5.19

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

A. Full Name (Last, First, Middle Initial) Intermedia.Net			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 156 W 56th St Ste 1601			Allocated Activity or Event Year-To-Date 948864.41	
City New York	State NY	Zip Code 10019-3878	Date M M / D D / Y Y Y Y 09 / 22 / 2010 Transaction ID: D325909	
Purpose of Disbursement: Admin Internet				
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.72		2.73		3.45

B. Full Name (Last, First, Middle Initial) Intermedia.Net			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 156 W 56th St Ste 1601			Allocated Activity or Event Year-To-Date 948864.41	
City New York	State NY	Zip Code 10019-3878	Date M M / D D / Y Y Y Y 09 / 27 / 2010 Transaction ID: D325905	
Purpose of Disbursement: Admin Internet				
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.36		1.37		1.73

C. Full Name (Last, First, Middle Initial) Intermedia.Net			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 156 W 56th St Ste 1601			Allocated Activity or Event Year-To-Date 948864.41	
City New York	State NY	Zip Code 10019-3878	Date M M / D D / Y Y Y Y 09 / 22 / 2010 Transaction ID: D325910	
Purpose of Disbursement: Admin Internet				
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.72		2.73		3.45

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.80		6.83		8.63

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

A. Full Name (Last, First, Middle Initial)
Intermedia.Net
Mailing Address
156 W 56th St Ste 1601
City State Zip Code
New York NY 10019-3878
Purpose of Disbursement:
Admin Internet
Activity or Event Identifier:
Administrative

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
948864.41
Date 09 / 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 Ste 1601
City State Zip Code
New York NY 10019-3878
Purpose of Disbursement:
Admin Internet
Activity or Event Identifier:
Administrative

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
948864.41
Date 09 / 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 Ste 1601
City State Zip Code
New York NY 10019-3878
Purpose of Disbursement:
Admin Internet
Activity or Event Identifier:
Administrative

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
948864.41
Date 09 / 07 / 2010
Transaction ID: D328789

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.36		8.86		11.22

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.80		14.32		18.12

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

A. Full Name (Last, First, Middle Initial) Intermedia.Net			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 156 W 56th St Ste 1601			Allocated Activity or Event Year-To-Date 948864.41		
City New York	State NY	Zip Code 10019-3878	Date M M / D D / Y Y Y Y 09 / 07 / 2010		
Purpose of Disbursement: Admin Internet			Transaction ID: D328790		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.36		8.86		11.22

B. Full Name (Last, First, Middle Initial) Intermedia.Net			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 156 W 56th St Ste 1601			Allocated Activity or Event Year-To-Date 948864.41		
City New York	State NY	Zip Code 10019-3878	Date M M / D D / Y Y Y Y 09 / 15 / 2010		
Purpose of Disbursement: Admin Internet			Transaction ID: D328780		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.36		5.12		6.48

C. Full Name (Last, First, Middle Initial) Intermedia.Net			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 156 W 56th St Ste 1601			Allocated Activity or Event Year-To-Date 948864.41		
City New York	State NY	Zip Code 10019-3878	Date M M / D D / Y Y Y Y 09 / 07 / 2010		
Purpose of Disbursement: Admin Internet			Transaction ID: D328785		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.80		3.00		3.80

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.52		16.98		21.50

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

A. Full Name (Last, First, Middle Initial) Intermedia.Net			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 156 W 56th St Ste 1601			Allocated Activity or Event Year-To-Date 948864.41		
City	State	Zip Code	Category/Type		
New York	NY	10019-3878			
Purpose of Disbursement: Admin Internet					
Activity or Event Identifier: Administrative			Date M M / D D / Y Y Y Y 09 / 07 / 2010		
			Transaction ID: D328787		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.36		8.86		11.22

B. Full Name (Last, First, Middle Initial) Intermedia.Net			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 156 W 56th St Ste 1601			Allocated Activity or Event Year-To-Date 948864.41		
City	State	Zip Code	Category/Type		
New York	NY	10019-3878			
Purpose of Disbursement: Admin Internet					
Activity or Event Identifier: Administrative			Date M M / D D / Y Y Y Y 09 / 02 / 2010		
			Transaction ID: D322869		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
250.38		941.92		1192.30

C. Full Name (Last, First, Middle Initial) Intermedia.Net			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 156 W 56th St Ste 1601			Allocated Activity or Event Year-To-Date 948864.41		
City	State	Zip Code	Category/Type		
New York	NY	10019-3878			
Purpose of Disbursement: Admin Internet					
Activity or Event Identifier: Administrative			Date M M / D D / Y Y Y Y 09 / 27 / 2010		
			Transaction ID: D325902		

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
253.10		952.15		1205.25

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			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																		
Mailing Address 156 W 56th St Ste 1601			Allocated Activity or Event Year-To-Date 948864.41																		
City	State	Zip Code	Category/ Type																		
New York	NY	10019-3878																			
Purpose of Disbursement: Admin Internet			Date <table border="1"><tr><td>M</td><td>M</td></tr><tr><td>0</td><td>9</td></tr></table> / <table border="1"><tr><td>D</td><td>D</td></tr><tr><td>2</td><td>7</td></tr></table> / <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>			M	M	0	9	D	D	2	7	Y	Y	Y	Y	2	0	1	0
M	M																				
0	9																				
D	D																				
2	7																				
Y	Y	Y	Y																		
2	0	1	0																		
Activity or Event Identifier: Administrative			Transaction ID: D325903																		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.36		1.37		1.73

B. Full Name (Last, First, Middle Initial) Intuit Software			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																		
Mailing Address 2632 Marine Way			Allocated Activity or Event Year-To-Date 948864.41																		
City	State	Zip Code	Category/ Type																		
Mountain View	CA	94043-1126																			
Purpose of Disbursement: Admin Office Supplies			Date <table border="1"><tr><td>M</td><td>M</td></tr><tr><td>0</td><td>9</td></tr></table> / <table border="1"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>7</td></tr></table> / <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>			M	M	0	9	D	D	0	7	Y	Y	Y	Y	2	0	1	0
M	M																				
0	9																				
D	D																				
0	7																				
Y	Y	Y	Y																		
2	0	1	0																		
Activity or Event Identifier: Administrative			Transaction ID: D322607																		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
38.37		144.35		182.72

C. Full Name (Last, First, Middle Initial) John E Rogers			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																		
Mailing Address 2257 Collins Rd			Allocated Activity or Event Year-To-Date 948864.41																		
City	State	Zip Code	Category/ Type																		
Cairo	GA	39828-4917																			
Purpose of Disbursement: Salary			Date <table border="1"><tr><td>M</td><td>M</td></tr><tr><td>0</td><td>9</td></tr></table> / <table border="1"><tr><td>D</td><td>D</td></tr><tr><td>1</td><td>5</td></tr></table> / <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>			M	M	0	9	D	D	1	5	Y	Y	Y	Y	2	0	1	0
M	M																				
0	9																				
D	D																				
1	5																				
Y	Y	Y	Y																		
2	0	1	0																		
Activity or Event Identifier: Administrative			Transaction ID: D323429																		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
92.91		349.51		442.42

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
131.64		495.23		626.87

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

A. Full Name (Last, First, Middle Initial) John E Rogers			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2257 Collins Rd			Allocated Activity or Event Year-To-Date 948864.41		
City Cairo	State GA	Zip Code 39828-4917	Date <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Salary			Transaction ID: D326734		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
76.90		289.27		366.17

B. Full Name (Last, First, Middle Initial) Luke Kosar			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 219 W Orlando St			Allocated Activity or Event Year-To-Date 948864.41		
City Orlando	State FL	Zip Code 32804-5427	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

C. Full Name (Last, First, Middle Initial) Luke Kosar			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 219 W Orlando St			Allocated Activity or Event Year-To-Date 948864.41		
City Orlando	State FL	Zip Code 32804-5427	Date <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Salary			Transaction ID: D326735		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
309.40		1163.92		1473.32

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
695.70		2617.11		3312.81

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

A. Full Name (Last, First, Middle Initial) Macy's			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1500 Apalachee Pkwy			Allocated Activity or Event Year-To-Date 948864.41		
City Tallahassee	State FL	Zip Code 32301-3055	Date <input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Admin Office Supplies			Transaction ID: D324478		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
24.14		90.79		114.93

B. Full Name (Last, First, Middle Initial) Macy's			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1500 Apalachee Pkwy			Allocated Activity or Event Year-To-Date 948864.41		
City Tallahassee	State FL	Zip Code 32301-3055	Date <input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Admin Office Supplies			Transaction ID: D324479		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
23.69		89.13		112.82

C. Full Name (Last, First, Middle Initial) Microsoft Office			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1 Microsoft Way			Allocated Activity or Event Year-To-Date 948864.41		
City Redmond	State WA	Zip Code 98052-8300	Date <input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Admin Office Supplies			Transaction ID: D328792		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.16		11.88		15.04

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
50.99		191.80		242.79

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

A. Full Name (Last, First, Middle Initial) NAACP			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 5892			Allocated Activity or Event Year-To-Date 948864.41	
City Tallahassee	State FL	Zip Code 32314-5892	Category/ Type	
Purpose of Disbursement: Contribution				
Activity or Event Identifier: Administrative			Date M M / D D / Y Y Y Y 09 / 21 / 2010 Transaction ID: D325048	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
315.00		1185.00		1500.00

B. Full Name (Last, First, Middle Initial) NAACP			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 5892			Allocated Activity or Event Year-To-Date 948864.41	
City Tallahassee	State FL	Zip Code 32314-5892	Category/ Type	
Purpose of Disbursement: Contribution				
Activity or Event Identifier: Administrative			Date M M / D D / Y Y Y Y 09 / 24 / 2010 Transaction ID: D325549	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
315.00		1185.00		1500.00

C. Full Name (Last, First, Middle Initial) Nicholas Pellito			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 445 Appleyard Dr Apt A2-5			Allocated Activity or Event Year-To-Date 948864.41	
City Tallahassee	State FL	Zip Code 32304-2868	Category/ Type	
Purpose of Disbursement: Salary				
Activity or Event Identifier: Administrative			Date M M / D D / Y Y Y Y 09 / 15 / 2010 Transaction ID: D323422	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
217.89		819.67		1037.56

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
847.89		3189.67		4037.56

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

A. Full Name (Last, First, Middle Initial) Nicholas Pellito			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 445 Appleyard Dr Apt A2-5			Allocated Activity or Event Year-To-Date 948864.41		
City Tallahassee	State FL	Zip Code 32304-2868	Date <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="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. Full Name (Last, First, Middle Initial) Office Depot-Corporate			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 633211			Allocated Activity or Event Year-To-Date 948864.41		
City Cincinnati	State OH	Zip Code 45263-3211	Date <input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Admin Office Supplies			Transaction ID: D323082		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.83		14.43		18.26

C. Full Name (Last, First, Middle Initial) Office Depot-Corporate			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 633211			Allocated Activity or Event Year-To-Date 948864.41		
City Cincinnati	State OH	Zip Code 45263-3211	Date <input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Admin Office Supplies			Transaction ID: D323081		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
17.28		65.01		82.29

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
239.00		899.10		1138.10

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

A. Full Name (Last, First, Middle Initial) One Source Supply Center			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 5855 Green Valley Cir Ste 206			Allocated Activity or Event Year-To-Date 948864.41		
City Culver City	State CA	Zip Code 90230-6968	Date <input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Admin Office Supplies			Transaction ID: D324905		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
29.99		112.84		142.83

B. Full Name (Last, First, Middle Initial) Osmond Johnson Janitorial Service			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 24131 Lake Talquin Rd			Allocated Activity or Event Year-To-Date 948864.41		
City Tallahassee	State FL	Zip Code 32310-4603	Date <input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Admin Office Supplies			Transaction ID: D324777		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.85		21.99		27.84

C. Full Name (Last, First, Middle Initial) Osmond Johnson Janitorial Service			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 24131 Lake Talquin Rd			Allocated Activity or Event Year-To-Date 948864.41		
City Tallahassee	State FL	Zip Code 32310-4603	Date <input type="text" value="09"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Janitorial Service			Transaction ID: D322597		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
126.00		474.00		600.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
161.84		608.83		770.67

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

A. Full Name (Last, First, Middle Initial) PAC Strategies, LLC			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 7084			Allocated Activity or Event Year-To-Date 948864.41	
City Alexandria	State VA	Zip Code 22307-0084	Date M M / D D / Y Y Y Y 09 / 16 / 2010 Transaction ID: D323496	
Purpose of Disbursement: Consulting/Compliance				
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
315.00		1185.00		1500.00

B. Full Name (Last, First, Middle Initial) PAi			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 60			Allocated Activity or Event Year-To-Date 948864.41	
City De Pere	State WI	Zip Code 54115-0060	Date M M / D D / Y Y Y Y 09 / 16 / 2010 Transaction ID: D324476	
Purpose of Disbursement: Benefits				
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
25.27		107.73		133.00

C. Full Name (Last, First, Middle Initial) PAi			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 60			Allocated Activity or Event Year-To-Date 948864.41	
City De Pere	State WI	Zip Code 54115-0060	Date M M / D D / Y Y Y Y 09 / 01 / 2010 Transaction ID: D322363	
Purpose of Disbursement: Benefits				
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
27.93		105.07		133.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
368.20		1397.80		1766.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

A. Full Name (Last, First, Middle Initial) Payroll Matters			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2069 N Monroe St			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%;">948864.41</div>	
City	State	Zip Code	Category/ Type	
Tallahassee	FL	32303-4727		
Purpose of Disbursement: Payroll Tax			Date M M / D D / Y Y Y Y 09 / 30 / 2010	
Activity or Event Identifier: Administrative			Transaction ID: D328503	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
644.25		2423.59		3067.84

B. Full Name (Last, First, Middle Initial) Payroll Matters			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2069 N Monroe St			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%;">948864.41</div>	
City	State	Zip Code	Category/ Type	
Tallahassee	FL	32303-4727		
Purpose of Disbursement: Payroll Tax			Date M M / D D / Y Y Y Y 09 / 15 / 2010	
Activity or Event Identifier: Administrative			Transaction ID: D328521	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
649.76		2444.33		3094.09

C. Full Name (Last, First, Middle Initial) Payroll Matters			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2069 N Monroe St			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%;">948864.41</div>	
City	State	Zip Code	Category/ Type	
Tallahassee	FL	32303-4727		
Purpose of Disbursement: Payroll Fees			Date M M / D D / Y Y Y Y 09 / 15 / 2010	
Activity or Event Identifier: Administrative			Transaction ID: D384044	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
18.55		69.79		88.34

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1312.56		4937.71		6250.27

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

A. Full Name (Last, First, Middle Initial) PitneyBowes			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P.O. Box 371896 PO Box 856042			Allocated Activity or Event Year-To-Date 948864.41		
City Louisville	State KY	Zip Code 40285-6042	Date <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 03 / 2010		
Purpose of Disbursement: Admin Lease/Rent			Transaction ID: D322599		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
44.63		167.87		212.50

B. Full Name (Last, First, Middle Initial) Principal Financial Group			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 14416 Dept. 900			Allocated Activity or Event Year-To-Date 948864.41		
City Des Moines	State IA	Zip Code 50306-3416	Date <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 16 / 2010		
Purpose of Disbursement: Benefits			Transaction ID: D324766		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
104.98		394.92		499.90

C. Full Name (Last, First, Middle Initial) Publix Super Markets, Inc.			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P.O. 32009 PO Box 407			Allocated Activity or Event Year-To-Date 948864.41		
City Lakeland	State FL	Zip Code 33802-0407	Date <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 28 / 2010		
Purpose of Disbursement: Lunch Meeting			Transaction ID: D325913		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.93		26.07		33.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
156.54		588.86		745.40

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

A. Full Name (Last, First, Middle Initial) Purchase Power			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 371874 P.O. Box 856042			Allocated Activity or Event Year-To-Date 948864.41		
City Pittsburgh	State PA	Zip Code 15250-7874	Date M M / D D / Y Y Y Y 09 / 21 / 2010		
Purpose of Disbursement: Admin Postage			Transaction ID: D324906		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.06		395.24		500.30

B. Full Name (Last, First, Middle Initial) Renaissance Austin Hotel			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 9721 Arboretum Blvd			Allocated Activity or Event Year-To-Date 948864.41		
City Austin	State TX	Zip Code 78759-6316	Date M M / D D / Y Y Y Y 09 / 13 / 2010		
Purpose of Disbursement: Travel/Lodging			Transaction ID: D324477		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
26.94		114.86		141.80

C. Full Name (Last, First, Middle Initial) 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 Pl			Allocated Activity or Event Year-To-Date 948864.41		
City Chicago	State IL	Zip Code 60673-1211	Date M M / D D / Y Y Y Y 09 / 21 / 2010		
Purpose of Disbursement: Admin Lease/Rent			Transaction ID: D324904		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
226.00		850.20		1076.20

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
358.00		1360.30		1718.30

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

A. Full Name (Last, First, Middle Initial) 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 St SE Ste 1102			Allocated Activity or Event Year-To-Date 948864.41		
City Washington	State DC	Zip Code 20003-3437	Date <input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="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. Full Name (Last, First, Middle Initial) Scott Arceneaux			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1544 Lorimier Rd			Allocated Activity or Event Year-To-Date 948864.41		
City Jacksonville	State FL	Zip Code 32207-4240	Date <input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="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

C. Full Name (Last, First, Middle Initial) 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 948864.41		
City Tallahassee	State FL	Zip Code 32317-5038	Date <input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="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

A. Full Name (Last, First, Middle Initial) Sprint Mailing Address 6450 Sprint Pkwy City State Zip Code Overland Park KS 66251-6105 Purpose of Disbursement: Admin Internet Activity or Event Identifier: Administrative	Type of Allocated Activity: <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"/> Transaction ID: D323504
---	---

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. Full Name (Last, First, Middle Initial) Staples Office Supplies Mailing Address 500 Staples Dr City State Zip Code Framingham MA 01702-4478 Purpose of Disbursement: Admin Office Supplies Activity or Event Identifier: Administrative	Type of Allocated Activity: <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"/> Transaction ID: D324480
--	---

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="13.94"/>		<input type="text" value="52.44"/>		<input type="text" value="66.38"/>

C. Full Name (Last, First, Middle Initial) State of Florida Disbursement Unit Mailing Address PO Box 8500 City State Zip Code Tallahassee FL 32314-8500 Purpose of Disbursement: Payroll Expense Activity or Event Identifier: Administrative	Type of Allocated Activity: <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"/> Transaction ID: D325548
---	---

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

A. Full Name (Last, First, Middle Initial) Stephen Carville			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2401 W Morrison Ave 6610 Burden Ln			Allocated Activity or Event Year-To-Date 948864.41		
City Tampa	State FL	Zip Code 33629-4756	Date 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. Full Name (Last, First, Middle Initial) Stephen Carville			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2401 W Morrison Ave 6610 Burden Ln			Allocated Activity or Event Year-To-Date 948864.41		
City Tampa	State FL	Zip Code 33629-4756	Date M M / D D / Y Y Y Y 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

C. Full Name (Last, First, Middle Initial) T-Mobile			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 742596			Allocated Activity or Event Year-To-Date 948864.41		
City Cincinnati	State OH	Zip Code 45274-2596	Date M M / D D / Y Y Y Y 09 / 10 / 2010		
Purpose of Disbursement: Admin Cell Phone			Transaction ID: D322882		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
21.97		82.66		104.63

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
376.53		1416.46		1792.99

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

A. Full Name (Last, First, Middle Initial) Tracy N Henderson			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 213 Young St			Allocated Activity or Event Year-To-Date 948864.41	
City	State	Zip Code	Category/ Type	
Tallahassee	FL	32301-5437		
Purpose of Disbursement: Salary			Date M M / D D / Y Y Y Y 09 / 15 / 2010	
Activity or Event Identifier: Administrative			Transaction ID: D323426	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
214.59		807.27		1021.86

B. Full Name (Last, First, Middle Initial) Tracy N Henderson			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 213 Young St			Allocated Activity or Event Year-To-Date 948864.41	
City	State	Zip Code	Category/ Type	
Tallahassee	FL	32301-5437		
Purpose of Disbursement: Salary			Date M M / D D / Y Y Y Y 09 / 30 / 2010	
Activity or Event Identifier: Administrative			Transaction ID: D326727	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
256.59		965.27		1221.86

C. Full Name (Last, First, Middle Initial) United States Postal Service			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2825 Lone Oak Pkwy Accounting Service Center			Allocated Activity or Event Year-To-Date 948864.41	
City	State	Zip Code	Category/ Type	
Eagan	MN	55121-1551		
Purpose of Disbursement: Admin Shipping			Date M M / D D / Y Y Y Y 09 / 18 / 2010	
Activity or Event Identifier: Administrative			Transaction ID: D324723	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.31		14.09		17.40

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
474.49		1786.63		2261.12

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

A. Full Name (Last, First, Middle Initial) United States Postal Service <hr/> Mailing Address 2825 Lone Oak Pkwy Accounting Service Center <hr/> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> <td rowspan="2" style="width:15%; text-align: center; vertical-align: middle;">Category/ Type</td> </tr> <tr> <td>Eagan</td> <td>MN</td> <td>55121-1551</td> </tr> </table> <hr/> Purpose of Disbursement: Admin Shipping	City	State	Zip Code	Category/ Type	Eagan	MN	55121-1551	Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">948864.41</div> <hr/> Date <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">9</td> <td></td> <td style="text-align: center;">2</td> <td style="text-align: center;">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> Transaction ID: D324881	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	2		2	0	1	0
City	State	Zip Code	Category/ Type																									
Eagan	MN	55121-1551																										
M	M	/	D	D	/	Y	Y	Y	Y																			
0	9		2	2		2	0	1	0																			

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.65		13.75		17.40

B. Full Name (Last, First, Middle Initial) United States Postal Service <hr/> Mailing Address 2825 Lone Oak Pkwy Accounting Service Center <hr/> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> <td rowspan="2" style="width:15%; text-align: center; vertical-align: middle;">Category/ Type</td> </tr> <tr> <td>Eagan</td> <td>MN</td> <td>55121-1551</td> </tr> </table> <hr/> Purpose of Disbursement: Admin Shipping	City	State	Zip Code	Category/ Type	Eagan	MN	55121-1551	Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">948864.41</div> <hr/> Date <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">9</td> <td></td> <td style="text-align: center;">2</td> <td style="text-align: center;">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> Transaction ID: D324882	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	2		2	0	1	0
City	State	Zip Code	Category/ Type																									
Eagan	MN	55121-1551																										
M	M	/	D	D	/	Y	Y	Y	Y																			
0	9		2	2		2	0	1	0																			

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.65		13.75		17.40

C. Full Name (Last, First, Middle Initial) United States Postal Service <hr/> Mailing Address 2825 Lone Oak Pkwy Accounting Service Center <hr/> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> <td rowspan="2" style="width:15%; text-align: center; vertical-align: middle;">Category/ Type</td> </tr> <tr> <td>Eagan</td> <td>MN</td> <td>55121-1551</td> </tr> </table> <hr/> Purpose of Disbursement: Admin Shipping	City	State	Zip Code	Category/ Type	Eagan	MN	55121-1551	Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">948864.41</div> <hr/> Date <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">9</td> <td></td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</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> Transaction ID: D324885	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	1		2	0	1	0
City	State	Zip Code	Category/ Type																									
Eagan	MN	55121-1551																										
M	M	/	D	D	/	Y	Y	Y	Y																			
0	9		2	1		2	0	1	0																			

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

A. Full Name (Last, First, Middle Initial)
United States Postal Service
Mailing Address
2825 Lone Oak Pkwy Accounting Service Center
City State Zip Code
Eagan MN 55121-1551
Purpose of Disbursement:
Admin Shipping
Activity or Event Identifier:
Administrative

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
948864.41
Date 09 / 23 / 2010
Transaction ID: D325895

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.65		13.75		17.40

B. Full Name (Last, First, Middle Initial)
United States Postal Service
Mailing Address
2825 Lone Oak Pkwy Accounting Service Center
City State Zip Code
Eagan MN 55121-1551
Purpose of Disbursement:
Admin Shipping
Activity or Event Identifier:
Administrative

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
948864.41
Date 09 / 23 / 2010
Transaction ID: D325898

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.31		14.09		17.40

C. Full Name (Last, First, Middle Initial)
United States Postal Service
Mailing Address
2825 Lone Oak Pkwy Accounting Service Center
City State Zip Code
Eagan MN 55121-1551
Purpose of Disbursement:
Admin Shipping
Activity or Event Identifier:
Administrative

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
948864.41
Date 09 / 28 / 2010
Transaction ID: D325907

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.65		13.75		17.40

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.61		41.59		52.20

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

A. Full Name (Last, First, Middle Initial)
United States Postmaster - Tallahassee

Mailing Address
2800 S Adams St

City Tallahassee	State FL	Zip Code 32301-9706	Category/ Type
Purpose of Disbursement: Admin Shipping			

Activity or Event Identifier:
Administrative

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
948864.41

Date / /
Transaction ID: D324483

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.86		14.51		18.37

B. Full Name (Last, First, Middle Initial)
UPS

Mailing Address
PO Box 72470244

City Philadelphia	State PA	Zip Code 19170-0001	Category/ Type
Purpose of Disbursement: Admin Shipping			

Activity or Event Identifier:
Administrative

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
948864.41

Date / /
Transaction ID: D324752

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
47.67		179.33		227.00

C. Full Name (Last, First, Middle Initial)
UPS

Mailing Address
PO Box 72470244

City Philadelphia	State PA	Zip Code 19170-0001	Category/ Type
Purpose of Disbursement: Admin Shipping			

Activity or Event Identifier:
Administrative

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
948864.41

Date / /
Transaction ID: D322878

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
17.01		63.98		80.99

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
68.54		257.82		326.36

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

A. Full Name (Last, First, Middle Initial)
UPS
Mailing Address
PO Box 72470244
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
948864.41
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 72470244
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
948864.41
Date 09 / 27 / 2010
Transaction ID: D325654

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
15.45		58.10		73.55

C. Full Name (Last, First, Middle Initial)
WalMart Stores, Inc.
Mailing Address
702 SW 8th St
City State Zip Code
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
948864.41
Date 09 / 10 / 2010
Transaction ID: D323080

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
26.59		100.01		126.60

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
100.59		378.39		478.98

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

A. Full Name (Last, First, Middle Initial) WalMart Stores, Inc.			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 702 SW 8th St			Allocated Activity or Event Year-To-Date 948864.41		
City Bentonville	State AR	Zip Code 72716-6209	Date <input type="text" value="09"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Admin Office Supplies			Transaction ID: D324742		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
18.95		71.30		90.25

B. Full Name (Last, First, Middle Initial) WebDomains4u.com			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 14455 N Hayden Rd Ste 219			Allocated Activity or Event Year-To-Date 948864.41		
City Scottsdale	State AZ	Zip Code 85260-6993	Date <input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Admin Internet			Transaction ID: D325908		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.41		24.10		30.51

C. Full Name (Last, First, Middle Initial) Nicholas Pellito			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 445 Appleyard Dr Apt A2-5			Allocated Activity or Event Year-To-Date 948864.41		
City Tallahassee	State FL	Zip Code 32304-2868	Date <input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Staff Reimbursement			Transaction ID: D322312		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
71.14		267.61		338.75

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
96.50		363.01		459.51

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

A. Full Name (Last, First, Middle Initial)
Fontainbleau Resort

Mailing Address
4441 Collins Ave

City State Zip Code
Miami Beach FL 33140-3227

Purpose of Disbursement:
Travel/ Lodging

Activity or Event Identifier:
Administrative
[MEMO ITEM]

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
948864.41

Date / /
Transaction ID: D322313

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
60.11		226.11		286.22

B. Full Name (Last, First, Middle Initial)
Papa John's Pizza

Mailing Address
PO Box 4209

City State Zip Code
Tallahassee FL 32315-4209

Purpose of Disbursement:
Dinner Meeting

Activity or Event Identifier:
Administrative
[MEMO ITEM]

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
948864.41

Date / /
Transaction ID: D322314

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.15		19.38		24.53

C. Full Name (Last, First, Middle Initial)
Parking Garage

Mailing Address
215 S Monroe St

City State Zip Code
Tallahassee FL 32301-1839

Purpose of Disbursement:
Auto Travel

Activity or Event Identifier:
Administrative
[MEMO ITEM]

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
948864.41

Date / /
Transaction ID: D322315

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.36		24.64		28.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(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

A. Full Name (Last, First, Middle Initial) Scott Arceneaux			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1544 Lorimier Rd			Allocated Activity or Event Year-To-Date 948864.41		
City Jacksonville	State FL	Zip Code 32207-4240	Date MM / DD / YYYY 09 / 01 / 2010		
Purpose of Disbursement: Staff Reimbursement			Transaction ID: D322613		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
166.96		628.11		795.07

B. Full Name (Last, First, Middle Initial) Jacob's			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 101 S Adams St			Allocated Activity or Event Year-To-Date 948864.41		
City Tallahassee	State FL	Zip Code 32301-7719	Date MM / DD / YYYY 09 / 01 / 2010		
Purpose of Disbursement: Breakfast Meeting			Transaction ID: D322615		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
14.70		55.29		69.99

C. Full Name (Last, First, Middle Initial) Polos on Park			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2626 E Park Ave			Allocated Activity or Event Year-To-Date 948864.41		
City Tallahassee	State FL	Zip Code 32301-0802	Date MM / DD / YYYY 09 / 01 / 2010		
Purpose of Disbursement: Lodging			Transaction ID: D322614		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
152.27		572.81		725.08

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
166.96		628.11		795.07

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(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

A. Full Name (Last, First, Middle Initial) Messer, Caparello & Self			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 15579			Allocated Activity or Event Year-To-Date 948864.41		
City	State	Zip Code	Category/ Type		
Tallahassee	FL	32317-5579			
Purpose of Disbursement: Travel Expense			Date <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 10 / 2010		
Activity or Event Identifier: Administrative			Transaction ID: D322884		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
142.93		537.71		680.64

B. Full Name (Last, First, Middle Initial) Mark Herron, P.A.			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 215 S Monroe St Ste 3550			Allocated Activity or Event Year-To-Date 948864.41		
City	State	Zip Code	Category/ Type		
Tallahassee	FL	32301-1839			
Purpose of Disbursement: Mileage			Date <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 10 / 2010		
Activity or Event Identifier: Administrative [MEMO ITEM]			Transaction ID: D372695		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
98.49		370.51		469.00

C. Full Name (Last, First, Middle Initial) The Westin Diplomat Resort & Spa			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 3555 S Ocean Dr			Allocated Activity or Event Year-To-Date 948864.41		
City	State	Zip Code	Category/ Type		
Hollywood	FL	33019-2827			
Purpose of Disbursement: Travel/Lodging			Date <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 10 / 2010		
Activity or Event Identifier: Administrative [MEMO ITEM]			Transaction ID: D372696		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
44.44		167.20		211.64

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
142.93		537.71		680.64

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

A. Full Name (Last, First, Middle Initial) Ms. Anne O Morgan			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 741 W Keller St			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%;">948864.41</div>	
City	State	Zip Code	Category/ Type	
Hernando	FL	34442-8810		
Purpose of Disbursement: Staff Reimbursement			Date M M / D D / Y Y Y Y 09 / 09 / 2010	
Activity or Event Identifier: Administrative			Transaction ID: D322889	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.00		395.00		500.00

B. Full Name (Last, First, Middle Initial) Blue Cross and Blue Shield of Florida			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 2210			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%;">948864.41</div>	
City	State	Zip Code	Category/ Type	
Jacksonville	FL	32203-2210		
Purpose of Disbursement: Benefits			Date M M / D D / Y Y Y Y 09 / 09 / 2010	
Activity or Event Identifier: Administrative [MEMO ITEM]			Transaction ID: D322890	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.00		395.00		500.00

C. Full Name (Last, First, Middle Initial) Ms. Christina Boltin			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2413 Bayshore Blvd			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%;">948864.41</div>	
City	State	Zip Code	Category/ Type	
Tampa	FL	33629-7333		
Purpose of Disbursement: Staff Reimbursement			Date M M / D D / Y Y Y Y 09 / 08 / 2010	
Activity or Event Identifier: Administrative			Transaction ID: D322891	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
25.20		94.80		120.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
130.20		489.80		620.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

A. Full Name (Last, First, Middle Initial) AT&T Mobility			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 538695			Allocated Activity or Event Year-To-Date 948864.41	
City State Zip Code Atlanta GA 30353-8695			Date M M / D D / Y Y Y Y 09 / 08 / 2010	
Purpose of Disbursement: Admin Cell Phone			Transaction ID: D322892	
Activity or Event Identifier: Administrative [MEMO ITEM]				

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
25.20	+	94.80	=	120.00

B. Full Name (Last, First, Middle Initial) Nicholas Pellito			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 445 Appleyard Dr Apt A2-5			Allocated Activity or Event Year-To-Date 948864.41	
City State Zip Code Tallahassee FL 32304-2868			Date M M / D D / Y Y Y Y 09 / 03 / 2010	
Purpose of Disbursement: Staff Reimbursement			Transaction ID: D322893	
Activity or Event Identifier: Administrative				

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
5.95	+	22.38	=	28.33

C. Full Name (Last, First, Middle Initial) ACE Hardware			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 3626 Apalachee Pkwy			Allocated Activity or Event Year-To-Date 948864.41	
City State Zip Code Tallahassee FL 32311-4049			Date M M / D D / Y Y Y Y 09 / 03 / 2010	
Purpose of Disbursement: Admin Office Supplies			Transaction ID: D322894	
Activity or Event Identifier: Administrative [MEMO ITEM]				

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
3.38	+	12.73	=	16.11

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
5.95	+	22.38	=	28.33

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

A. Full Name (Last, First, Middle Initial)
WalMart Stores, Inc.

Mailing Address
702 SW 8th St

City State Zip Code
Bentonville AR 72716-6209

Purpose of Disbursement:
Admin Office Supplies

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
- Voter Drive Direct Candidate Support
- Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

948864.41

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Date MM / DD / YYYY
09 / 03 / 2010

Transaction ID: D322895

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.57		9.65		12.22

B. Full Name (Last, First, Middle Initial)
Ms. Karen L. Thurman

Mailing Address
9067 SW 190th Avenue Rd

City State Zip Code
Dunnellon FL 34432-2827

Purpose of Disbursement:
Staff Reimbursement

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
- Voter Drive Direct Candidate Support
- Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

948864.41

Activity or Event Identifier:
Administrative

Date MM / DD / YYYY
09 / 01 / 2010

Transaction ID: D322896

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
408.37		1536.26		1944.63

C. Full Name (Last, First, Middle Initial)
Columbia Restaurant

Mailing Address
2117 E 7th Ave

City State Zip Code
Tampa FL 33605-3903

Purpose of Disbursement:
Travel/Meals

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
- Voter Drive Direct Candidate Support
- Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

948864.41

Activity or Event Identifier:
Administrative

[MEMO ITEM]

Date MM / DD / YYYY
09 / 01 / 2010

Transaction ID: D322898

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
45.63		171.66		217.29

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
408.37		1536.26		1944.63

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

A. Full Name (Last, First, Middle Initial) Doveree Properties, LLC <hr/> Mailing Address 310 W Jefferson St Attn: Mr. Leonard Pepper <hr/> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> <td rowspan="2" style="width:15%; text-align: center; vertical-align: middle;">Category/ Type</td> </tr> <tr> <td>Tallahassee</td> <td>FL</td> <td>32301-1419</td> </tr> </table> <hr/> Purpose of Disbursement: Lodging	City	State	Zip Code	Category/ Type	Tallahassee	FL	32301-1419	Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">948864.41</div> <hr/> Date <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">M</td><td style="border: 1px solid black; padding: 2px;">M</td><td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td><td style="border: 1px solid black; padding: 2px;">D</td><td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y</td><td style="border: 1px solid black; padding: 2px;">Y</td><td style="border: 1px solid black; padding: 2px;">Y</td><td style="border: 1px solid black; padding: 2px;">Y</td> </tr> <tr> <td style="text-align: center;">0</td><td style="text-align: center;">9</td><td></td> <td style="text-align: center;">0</td><td style="text-align: center;">1</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> <hr/> Transaction ID: D322899	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	1		2	0	1	0
City	State	Zip Code	Category/ Type																									
Tallahassee	FL	32301-1419																										
M	M	/	D	D	/	Y	Y	Y	Y																			
0	9		0	1		2	0	1	0																			

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
252.00		948.00		1200.00

B. Full Name (Last, First, Middle Initial) Florida's Turnpike <hr/> Mailing Address Turnpike Mile Post 263 Bldg. 5315 <hr/> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> <td rowspan="2" style="width:15%; text-align: center; vertical-align: middle;">Category/ Type</td> </tr> <tr> <td>Ocoee</td> <td>FL</td> <td>34761</td> </tr> </table> <hr/> Purpose of Disbursement: Auto Travel	City	State	Zip Code	Category/ Type	Ocoee	FL	34761	Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">948864.41</div> <hr/> Date <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">M</td><td style="border: 1px solid black; padding: 2px;">M</td><td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td><td style="border: 1px solid black; padding: 2px;">D</td><td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y</td><td style="border: 1px solid black; padding: 2px;">Y</td><td style="border: 1px solid black; padding: 2px;">Y</td><td style="border: 1px solid black; padding: 2px;">Y</td> </tr> <tr> <td style="text-align: center;">0</td><td style="text-align: center;">9</td><td></td> <td style="text-align: center;">0</td><td style="text-align: center;">1</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> <hr/> Transaction ID: D322900	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	1		2	0	1	0
City	State	Zip Code	Category/ Type																									
Ocoee	FL	34761																										
M	M	/	D	D	/	Y	Y	Y	Y																			
0	9		0	1		2	0	1	0																			

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.80		10.55		13.35

C. Full Name (Last, First, Middle Initial) Ms. Karen L. Thurman <hr/> Mailing Address 9067 SW 190th Avenue Rd <hr/> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> <td rowspan="2" style="width:15%; text-align: center; vertical-align: middle;">Category/ Type</td> </tr> <tr> <td>Dunnellon</td> <td>FL</td> <td>34432-2827</td> </tr> </table> <hr/> Purpose of Disbursement: Auto Travel	City	State	Zip Code	Category/ Type	Dunnellon	FL	34432-2827	Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">948864.41</div> <hr/> Date <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">M</td><td style="border: 1px solid black; padding: 2px;">M</td><td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td><td style="border: 1px solid black; padding: 2px;">D</td><td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y</td><td style="border: 1px solid black; padding: 2px;">Y</td><td style="border: 1px solid black; padding: 2px;">Y</td><td style="border: 1px solid black; padding: 2px;">Y</td> </tr> <tr> <td style="text-align: center;">0</td><td style="text-align: center;">9</td><td></td> <td style="text-align: center;">0</td><td style="text-align: center;">1</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> <hr/> Transaction ID: D322897	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	1		2	0	1	0
City	State	Zip Code	Category/ Type																									
Dunnellon	FL	34432-2827																										
M	M	/	D	D	/	Y	Y	Y	Y																			
0	9		0	1		2	0	1	0																			

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
107.94		406.05		513.99

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

A. Full Name (Last, First, Middle Initial) Eric Jotkoff			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 3607 Eagle Nest Ct			Allocated Activity or Event Year-To-Date 948864.41		
City Melbourne	State FL	Zip Code 32904-9515	Date M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 1 0		
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. Full Name (Last, First, Middle Initial) Eric Jotkoff			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 3607 Eagle Nest Ct			Allocated Activity or Event Year-To-Date 948864.41		
City Melbourne	State FL	Zip Code 32904-9515	Date M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 1 0		
Purpose of Disbursement: Auto Travel			Transaction ID: D323115		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
56.15		211.21		267.36

C. Full Name (Last, First, Middle Initial) Ms. Anne O Morgan			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 741 W Keller St			Allocated Activity or Event Year-To-Date 948864.41		
City Hernando	State FL	Zip Code 34442-8810	Date M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 1 0		
Purpose of Disbursement: Staff Reimbursement			Transaction ID: D325306		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
181.44		682.56		864.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
237.59		893.77		1131.36

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

A. Full Name (Last, First, Middle Initial)
Ms. Anne O Morgan

Mailing Address
741 W Keller St

City	State	Zip Code
Hernando	FL	34442-8810

Purpose of Disbursement:
Auto Travel

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

948864.41

Date 09 / 24 / 2010

Transaction ID: D325307

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
181.44		682.56		864.00

B. Full Name (Last, First, Middle Initial)
Ms. Karen L. Thurman

Mailing Address
9067 SW 190th Avenue Rd

City	State	Zip Code
Dunnellon	FL	34432-2827

Purpose of Disbursement:
Staff Reimbursement

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

948864.41

Date 09 / 24 / 2010

Transaction ID: D325308

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
97.51		366.80		464.31

C. Full Name (Last, First, Middle Initial)
Ms. Karen L. Thurman

Mailing Address
9067 SW 190th Avenue Rd

City	State	Zip Code
Dunnellon	FL	34432-2827

Purpose of Disbursement:
Auto Travel

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

948864.41

Date 09 / 24 / 2010

Transaction ID: D325309

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
88.22		376.09		464.31

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
97.51		366.80		464.31

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

A. Full Name (Last, First, Middle Initial) Scott Arceneaux			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1544 Lorimier Rd			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%;">948864.41</div>	
City	State	Zip Code	Category/ Type	
Jacksonville	FL	32207-4240		
Purpose of Disbursement: Staff Reimbursement			Date M M / D D / Y Y Y Y <div style="border: 1px solid black; padding: 2px; width: 100%;">09 / 30 / 2010</div>	
Activity or Event Identifier: Administrative			Transaction ID: D325997	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
152.25		572.75		725.00

B. Full Name (Last, First, Middle Initial) Polos on Park			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2626 E Park Ave			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%;">948864.41</div>	
City	State	Zip Code	Category/ Type	
Tallahassee	FL	32301-0802		
Purpose of Disbursement: Lodging			Date M M / D D / Y Y Y Y <div style="border: 1px solid black; padding: 2px; width: 100%;">09 / 30 / 2010</div>	
Activity or Event Identifier: Administrative [MEMO ITEM]			Transaction ID: D326001	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
152.25		572.75		725.00

C. Full Name (Last, First, Middle Initial) Gabrielle Ann Arcangeli			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 155 Whetherbine Way W			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%;">948864.41</div>	
City	State	Zip Code	Category/ Type	
Tallahassee	FL	32301-8538		
Purpose of Disbursement: Staff Reimbursement			Date M M / D D / Y Y Y Y <div style="border: 1px solid black; padding: 2px; width: 100%;">09 / 30 / 2010</div>	
Activity or Event Identifier: Administrative			Transaction ID: D326009	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.05		22.74		28.79

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
158.30		595.49		753.79

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

A. Full Name (Last, First, Middle Initial) Publix Super Markets, Inc. Mailing Address P.O. 32009 PO Box 407 City State Zip Code Lakeland FL 33802-0407 Purpose of Disbursement: Admin Office Supplies Activity or Event Identifier: Administrative [MEMO ITEM]	Type of Allocated Activity: <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="30"/> / <input type="text" value="2010"/> Transaction ID: D326011
--	---

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="5.47"/>		<input type="text" value="23.32"/>		<input type="text" value="28.79"/>

B. Full Name (Last, First, Middle Initial) Tracy N Henderson Mailing Address 213 Young St City State Zip Code Tallahassee FL 32301-5437 Purpose of Disbursement: Staff Reimbursement Activity or Event Identifier: Administrative	Type of Allocated Activity: <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="30"/> / <input type="text" value="2010"/> Transaction ID: D326014
---	---

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="4.63"/>		<input type="text" value="17.44"/>		<input type="text" value="22.07"/>

C. Full Name (Last, First, Middle Initial) Walgreens Mailing Address 1202 N Magnolia Dr City State Zip Code Tallahassee FL 32308-4634 Purpose of Disbursement: Admin Office Supplies Activity or Event Identifier: Administrative [MEMO ITEM]	Type of Allocated Activity: <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="30"/> / <input type="text" value="2010"/> Transaction ID: D326017
---	---

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="4.63"/>		<input type="text" value="17.44"/>		<input type="text" value="22.07"/>

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="4.63"/>		<input type="text" value="17.44"/>		<input type="text" value="22.07"/>

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<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

A. Full Name (Last, First, Middle Initial) Scott Arceneaux			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1544 Lorimier Rd			Allocated Activity or Event Year-To-Date 948864.41		
City Jacksonville	State FL	Zip Code 32207-4240	Date <input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Staff Reimbursement			Transaction ID: D326028		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
46.75		175.89		222.64

B. Full Name (Last, First, Middle Initial) Amtrak			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 60 Mass. Ave.			Allocated Activity or Event Year-To-Date 948864.41		
City Washington	State DC	Zip Code 20005	Date <input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Auto Travel			Transaction ID: D326029		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
18.80		70.71		89.51

C. Full Name (Last, First, Middle Initial) AT&T Mobility			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 538695			Allocated Activity or Event Year-To-Date 948864.41		
City Atlanta	State GA	Zip Code 30353-8695	Date <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Admin Cell Phone			Transaction ID: D326030		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
27.96		105.17		133.13

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
46.75		175.89		222.64

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
24599.04		92736.98		117336.02

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..... (Use Schedule L-A)	345000.00	355000.00
b. Unitemized.....	0.00	0.00
c. Total.....	345000.00	355000.00
2. OTHER RECEIPTS.....	0.00	0.00
3. TOTAL RECEIPTS..... (Add Lines 1c and 2)	345000.00	355000.00
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
a. Voter Registration.....	0.00	0.00
b. Voter ID.....	0.00	0.00
c. GOTV.....	0.00	0.00
d. Generic Campaign.....	355000.00	355000.00
e. Total.....	355000.00	355000.00
5. OTHER DISBURSEMENTS.....	0.00	23405.22
6. TOTAL DISBURSEMENTS..... (Add Lines 4e and 5)	355000.00	378405.22
7. BEGINNING CASH ON HAND..... (for Column B, use cash as of January 1st)	0.00	0.00
8. RECEIPTS..... (from Line 3)	345000.00	355000.00
9. SUBTOTAL..... (Add Lines 7 and 8)	345000.00	355000.00
10. DISBURSEMENTS..... (From Line 6)	355000.00	378405.22
11. ENDING CASH ON HAND..... (Subtract Line 10 From Line 9)	-10000.00	-23405.22

**SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS**

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

FOR LINE NUMBER:
(check only one) 1a 2

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

Full Name (Last, First, Middle Initial) A. Advance America			Transaction ID: C4924196 Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0
Mailing Address 135 N Church St			Amount of Each Receipt this Period 5000.00
City Spartanburg State SC Zip Code 29306-5138			Aggregate Year-to-Date 5000.00
Name of Employer or Principal Place of Business Advance America			Account: Monetary
Occupation Check Cashing			
Full Name (Last, First, Middle Initial) B. ARDA ROC-PAC			Transaction ID: C4978474 Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0
Mailing Address 1201 15th St NW FL 4			Amount of Each Receipt this Period 10000.00
City Washington State DC Zip Code 20005-2842			Aggregate Year-to-Date 10000.00
Name of Employer or Principal Place of Business ARDA ROC-PAC			Account: Monetary
Occupation PAC			
Full Name (Last, First, Middle Initial) C. BC Property Investments, L. C.			Transaction ID: C4780294 Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 1 0
Mailing Address 4500 Biscayne Blvd Ste 360			Amount of Each Receipt this Period 10000.00
City Miami State FL Zip Code 33137-3233			Aggregate Year-to-Date 10000.00
Name of Employer or Principal Place of Business BC Property Investments,			Account: Monetary
Occupation Real Estate			
Full Name (Last, First, Middle Initial) D. Benderson Management Services, LLC			Transaction ID: C4978558 Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0
Mailing Address 570 Delaware Ave			Amount of Each Receipt this Period 10000.00
City Buffalo State NY Zip Code 14202-1207			Aggregate Year-to-Date 10000.00
Name of Employer or Principal Place of Business Benderson Management Serv-			Account: Monetary
Occupation Management Service			
SUBTOTAL of Receipts This Page (optional)			35000.00
TOTAL This Period (last page this line number only)			

**SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS**

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

FOR LINE NUMBER:
(check only one) 1a 2

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

<p>A. Full Name (Last, First, Middle Initial) Blue Cross and Blue Shield of Florida</p>	<p>Transaction ID: C4923042 Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 1 0</p>
<p>Mailing Address PO Box 2210</p>	<p>Amount of Each Receipt this Period 10000.00</p>
<p>City Jacksonville State FL Zip Code 32203-2210</p>	<p>Aggregate Year-to-Date 10000.00</p>
<p>Name of Employer or Principal Place of Business Blue Cross and Blue Shield of Florida Occupation Health Insurance Company</p>	<p>Account: Monetary</p>
<p>B. Full Name (Last, First, Middle Initial) CEMEX Materials LLC</p>	<p>Transaction ID: C4961373 Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 1 0</p>
<p>Mailing Address 1501 Belvedere Rd</p>	<p>Amount of Each Receipt this Period 10000.00</p>
<p>City West Palm Beach State FL Zip Code 33406-1501</p>	<p>Aggregate Year-to-Date 10000.00</p>
<p>Name of Employer or Principal Place of Business CEMEX Materials LLC Occupation Building material industry</p>	<p>Account: Monetary</p>
<p>C. Full Name (Last, First, Middle Initial) Centene Management Company LLC</p>	<p>Transaction ID: C4924117 Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0</p>
<p>Mailing Address Centene Corporation</p>	<p>Amount of Each Receipt this Period 10000.00</p>
<p>City St Louis State MO Zip Code 63105</p>	<p>Aggregate Year-to-Date 10000.00</p>
<p>Name of Employer or Principal Place of Business Centene Management Company LLC Occupation Healthcare</p>	<p>Account: Monetary</p>
<p>D. Full Name (Last, First, Middle Initial) Century Towers Associates</p>	<p>Transaction ID: C4924182 Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0</p>
<p>Mailing Address PO Box 1806</p>	<p>Amount of Each Receipt this Period 10000.00</p>
<p>City Hialeah State FL Zip Code 33011</p>	<p>Aggregate Year-to-Date 10000.00</p>
<p>Name of Employer or Principal Place of Business Century Towers Associates Occupation Real Estate</p>	<p>Account: Monetary</p>
<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>40000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

**SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS**

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

FOR LINE NUMBER: 1a 2
(check only one)

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

Full Name (Last, First, Middle Initial) A. CSX Transportation, Inc.			Transaction ID: C4961153 Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0		
Mailing Address 500 Water St # J-420			Amount of Each Receipt this Period 10000.00		
City	State	Zip Code	Aggregate Year-to-Date 10000.00		
Jacksonville	FL	32202-4423	Account: Monetary		
Name of Employer or Principal Place of Business CSX Transportation, Inc.					
Occupation Railroad Transportation Company					
Full Name (Last, First, Middle Initial) B. Culpepper & Kurland, P.A.			Transaction ID: C4961752 Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 1 0		
Mailing Address 101 E Kennedy Blvd			Amount of Each Receipt this Period 10000.00		
City	State	Zip Code	Aggregate Year-to-Date 10000.00		
Tampa	FL	33602-5179	Account: Monetary		
Name of Employer or Principal Place of Business					
Occupation Retired					
Full Name (Last, First, Middle Initial) C. Dosal Tobacco Company			Transaction ID: C4981151 Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 1 0		
Mailing Address 4775 NW 132nd St			Amount of Each Receipt this Period 10000.00		
City	State	Zip Code	Aggregate Year-to-Date 10000.00		
Opa Locka	FL	33054-4313	Account: Monetary		
Name of Employer or Principal Place of Business Dosal Tobacco					
Occupation Tobacco Company					
Full Name (Last, First, Middle Initial) D. Farmer, Jaffe, Weissing, Edwards			Transaction ID: C4961204 Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0		
Mailing Address 425 N Andrews Ave Ste 2			Amount of Each Receipt this Period 10000.00		
City	State	Zip Code	Aggregate Year-to-Date 10000.00		
Fort Lauderdale	FL	33301-3268	Account: Monetary		
Name of Employer or Principal Place of Business Farmer, Jaffe, Weissing, Edwards					
Occupation Law Firm					
SUBTOTAL of Receipts This Page (optional)			40000.00		
TOTAL This Period (last page this line number only)					

**SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)
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Aggregation Page

FOR LINE NUMBER:
(check only one) 1a 2

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

Full Name (Last, First, Middle Initial) A. Florida AFL-CIO Cope Individual Fund			Transaction ID: C4961202 Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0
Mailing Address 135 S Monroe St			Amount of Each Receipt this Period 10000.00
City Tallahassee	State FL	Zip Code 32301-4100	Aggregate Year-to-Date 10000.00
Name of Employer or Principal Place of Business Florida AFL-CIO			Account: Monetary
Occupation Labor Union			
Full Name (Last, First, Middle Initial) B. Florida Citrus Mutual State Committee of Continuou			Transaction ID: C4961263 Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 1 0
Mailing Address PO Box 89			Amount of Each Receipt this Period 10000.00
City Lakeland	State FL	Zip Code 33802-0089	Aggregate Year-to-Date 10000.00
Name of Employer or Principal Place of Business Fla Citrus Mutual State			Account: Monetary
Occupation Agriculture			
Full Name (Last, First, Middle Initial) C. Florida Education Association			Transaction ID: C4963769 Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 1 0
Mailing Address 213 S Adams St			Amount of Each Receipt this Period 10000.00
City Tallahassee	State FL	Zip Code 32301-1720	Aggregate Year-to-Date 10000.00
Name of Employer or Principal Place of Business FI Education Assoc. Advoc-			Account: Monetary
Occupation Education Association			
Full Name (Last, First, Middle Initial) D. Florida PCIAA CCE			Transaction ID: C4924152 Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0
Mailing Address 2600 S River Rd			Amount of Each Receipt this Period 10000.00
City Des Plaines	State IL	Zip Code 60018-3203	Aggregate Year-to-Date 10000.00
Name of Employer or Principal Place of Business Florida PCIAA			Account: Monetary
Occupation Insurance Industry CCE			
SUBTOTAL of Receipts This Page (optional)			40000.00
TOTAL This Period (last page this line number only)			

**SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS**

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

Full Name (Last, First, Middle Initial) A. Fonvielle, Lewis, Foote & Messer			Transaction ID: C4960874 Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0
Mailing Address 3375 Capital Cir NE Bldg A			Amount of Each Receipt this Period 10000.00
City Tallahassee	State FL	Zip Code 32308-3778	Aggregate Year-to-Date 10000.00
Name of Employer or Principal Place of Business Fonvielle, Lewis, Foote & Messer Occupation Law Firm			Account: Monetary
Full Name (Last, First, Middle Initial) B. Genentech			Transaction ID: C4960838 Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0
Mailing Address PO Box 9030			Amount of Each Receipt this Period 10000.00
City San Francisco	State CA	Zip Code 94083-9030	Aggregate Year-to-Date 10000.00
Name of Employer or Principal Place of Business Genentech Occupation BioTech Company			Account: Monetary
Full Name (Last, First, Middle Initial) C. GMRI, INC.			Transaction ID: C4924690 Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0
Mailing Address PO Box 695012			Amount of Each Receipt this Period 10000.00
City Orlando	State FL	Zip Code 32869-5012	Aggregate Year-to-Date 10000.00
Name of Employer or Principal Place of Business GMRI, INC. Occupation Restaurant			Account: Monetary
Full Name (Last, First, Middle Initial) D. Gold Star Holdings, LLC			Transaction ID: C4954398 Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0
Mailing Address 1877 S Federal Hwy			Amount of Each Receipt this Period 10000.00
City Boca Raton	State FL	Zip Code 33432-7467	Aggregate Year-to-Date 10000.00
Name of Employer or Principal Place of Business Gold Star Holdings, LLC Occupation Investors			Account: Monetary
SUBTOTAL of Receipts This Page (optional)			40000.00
TOTAL This Period (last page this line number only)

**SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)
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Aggregation Page

FOR LINE NUMBER:
(check only one) 1a 2

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

A. Full Name (Last, First, Middle Initial)
Greenspoon Marder, PA

Mailing Address 100 W Cypress Creek Rd
Ste 700

City Fort Lauderdale State FL Zip Code 33309-2195

Name of Employer or Principal Place of Business
Greenspoon Marder, PA

Occupation
Law Firm

Transaction ID:C4961175
Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Amount of Each Receipt this Period
10000.00

Aggregate Year-to-Date
10000.00

Account: Monetary

B. Full Name (Last, First, Middle Initial)
Halstatt Partnership

Mailing Address 2600 Golden Gate Pkwy

City Naples State FL Zip Code 34105-3227

Name of Employer or Principal Place of Business
Halstatt Partnership

Occupation
Developers

Transaction ID:C4954400
Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Amount of Each Receipt this Period
10000.00

Aggregate Year-to-Date
10000.00

Account: Monetary

C. Full Name (Last, First, Middle Initial)
Harrell & Harrell, P.A.

Mailing Address 4735 Sunbeam Rd

City Jacksonville State FL Zip Code 32257-6107

Name of Employer or Principal Place of Business
Harrell & Harrell, P.A.

Occupation
Law Firm

Transaction ID:C4981917
Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 1 0

Amount of Each Receipt this Period
10000.00

Aggregate Year-to-Date
10000.00

Account: Monetary

D. Full Name (Last, First, Middle Initial)
HBR Properties, LLC

Mailing Address 1877 S Federal Hwy
Ste 310

City Boca Raton State FL Zip Code 33432-7411

Name of Employer or Principal Place of Business
HBR Properties, LLC

Occupation
Real Estate

Transaction ID:C4954396
Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Amount of Each Receipt this Period
10000.00

Aggregate Year-to-Date
10000.00

Account: Monetary

SUBTOTAL of Receipts This Page (optional) **40000.00**

TOTAL This Period (last page this line number only)

**SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS**

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Aggregation Page

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

Full Name (Last, First, Middle Initial) A. International Association of Fire Fighters - FIREP			Transaction ID: C4780147 Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 1 0
Mailing Address 1750 New York Ave NW			Amount of Each Receipt this Period 10000.00
City Washington	State DC	Zip Code 20006-5305	Aggregate Year-to-Date 10000.00
Name of Employer or Principal Place of Business Firefighters			Account: Monetary
Occupation PAC			
Full Name (Last, First, Middle Initial) B. IUPAT			Transaction ID: C4978546 Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0
Mailing Address 7234 Parkway Dr			Amount of Each Receipt this Period 10000.00
City Hanover	State MD	Zip Code 21076-1307	Aggregate Year-to-Date 10000.00
Name of Employer or Principal Place of Business IUPAT			Account: Monetary
Occupation Manufacturing Company			
Full Name (Last, First, Middle Initial) C. Leesfield, Leighton & Partners, P.A.			Transaction ID: C4978599 Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0
Mailing Address 2350 S Dixie Hwy			Amount of Each Receipt this Period 10000.00
City Miami	State FL	Zip Code 33133-2314	Aggregate Year-to-Date 10000.00
Name of Employer or Principal Place of Business			Account: Monetary
Occupation Law Firm			
Full Name (Last, First, Middle Initial) D. MARK - PAC			Transaction ID: C4976924 Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0
Mailing Address 215 S Monroe St Ste 701			Amount of Each Receipt this Period 10000.00
City Tallahassee	State FL	Zip Code 32301-1858	Aggregate Year-to-Date 10000.00
Name of Employer or Principal Place of Business MARK - PAC			Account: Monetary
Occupation Business			
SUBTOTAL of Receipts This Page (optional)			40000.00
TOTAL This Period (last page this line number only)			

**SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)
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Aggregation Page

FOR LINE NUMBER:
(check only one) 1a 2

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

Full Name (Last, First, Middle Initial) A. Robin Hood Holdings, LLC			Transaction ID: C4954397 Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0
Mailing Address 1877 S Federal Hwy Ste 310			Amount of Each Receipt this Period 10000.00
City Boca Raton	State FL	Zip Code 33432-7411	Aggregate Year-to-Date 10000.00
Name of Employer or Principal Place of Business Robin Hood Holdings, LLC			Account: Monetary
Occupation Financial Services			
Full Name (Last, First, Middle Initial) B. Searcy Denney Scarola Barnhart			Transaction ID: C4978329 Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0
Mailing Address 2139 Palm Beach Lakes Blvd			Amount of Each Receipt this Period 10000.00
City West Palm Beach	State FL	Zip Code 33409-6601	Aggregate Year-to-Date 10000.00
Name of Employer or Principal Place of Business Searcy, Denney, Scarola, Barnhart			Account: Monetary
Occupation Law Firm			
Full Name (Last, First, Middle Initial) C. Swope, Rodante P.A.			Transaction ID: C4981004 Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 1 0
Mailing Address 1234 E 5th Ave			Amount of Each Receipt this Period 10000.00
City Tampa	State FL	Zip Code 33605-4904	Aggregate Year-to-Date 10000.00
Name of Employer or Principal Place of Business Swope, Rodante P.A.			Account: Monetary
Occupation Law Firm			
Full Name (Last, First, Middle Initial) D. TECO Energy Inc.			Transaction ID: C4954404 Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0
Mailing Address 702 N Franklin St			Amount of Each Receipt this Period 10000.00
City Tampa	State FL	Zip Code 33602-4429	Aggregate Year-to-Date 10000.00
Name of Employer or Principal Place of Business TECO Energy Inc.			Account: Monetary
Occupation Utility Company			
SUBTOTAL of Receipts This Page (optional)			40000.00
TOTAL This Period (last page this line number only)			

**SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)
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Aggregation Page

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(check only one) 1a 2

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

<p>A. Full Name (Last, First, Middle Initial) Terrell Hogan Ellis Yegelwel, P.A.</p> <p>Mailing Address 233 E Bay St FL 8</p> <p>City Jacksonville State FL Zip Code 32202-3459</p> <p>Name of Employer or Principal Place of Business Terrell Hogan</p> <p>Occupation Attorney</p>	<p>Transaction ID:C4960871</p> <p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0</p> <p>Amount of Each Receipt this Period 10000.00</p> <p>Aggregate Year-to-Date 10000.00</p> <p>Account: Monetary</p>
<p>B. Full Name (Last, First, Middle Initial) The Health Care Professionals CCE</p> <p>Mailing Address 1525 NW 167th St Ste 150</p> <p>City Miami State FL Zip Code 33169-5143</p> <p>Name of Employer or Principal Place of Business The Health Care Professio- nals CCE</p> <p>Occupation healthcare committee</p>	<p>Transaction ID:C4978469</p> <p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0</p> <p>Amount of Each Receipt this Period 10000.00</p> <p>Aggregate Year-to-Date 10000.00</p> <p>Account: Monetary</p>
<p>C. Full Name (Last, First, Middle Initial) The Wackenhut Corporation</p> <p>Mailing Address 4200 Wackenhut Dr</p> <p>City West Palm Beach State FL Zip Code 33410-4242</p> <p>Name of Employer or Principal Place of Business The Wackenhut Corporation</p> <p>Occupation Security Services</p>	<p>Transaction ID:C4961378</p> <p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 1 0</p> <p>Amount of Each Receipt this Period 10000.00</p> <p>Aggregate Year-to-Date 10000.00</p> <p>Account: Monetary</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>30000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>345000.00</p>

**SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS**

Use separate schedule(s) for each category of the Aggregation Page	FOR LINE NUMBER: (check only one)		PAGE 297 / 297
	<input type="checkbox"/> 4a	<input type="checkbox"/> 4c	<input type="checkbox"/> 5
	<input type="checkbox"/> 4b	<input checked="" type="checkbox"/> 4d	

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

A. Full Name (Last, First, Middle Initial) / Full Organization Name Florida Democratic Party Non Federal Account	Transaction ID: D427896
	Date of Disbursement
Mailing Address 214 S Bronough St	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
City State Zip Code Tallahassee FL 32301-1705	Amount of Each Disbursement this Period <input type="text" value="355000.00"/>
Purpose of Disbursement Transfer to federal account	Account: Monetary

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="355000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="355000.00"/>