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**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

FLORIDA MUNICIPAL ELECTRIC ASSOCIATION INC  
PLAC

ADDRESS (number and street)

417 E COLLEGE AVE



Check if different than previously reported. (ACC)

TALLAHASSEE

FL

32301

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

00377754

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 Year-End Report (YE)



July 31 Mid-Year Report (Non-election Year Only) (MY)



Termination Report (TER)

(b) Monthly Report Due On:



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11) (Non-Election Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12) (Non-Election Year Only)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

in the State of

M M / D D / Y Y Y Y

(d) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

in the State of

M M / D D / Y Y Y Y

5. Covering Period

07 / 01 / 2009

01 / 31 / 2009

through

12 / 31 / 2009

12 / 31 / 2009

12 / 31 / 2009

12 / 31 / 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Barry Moline

Signature of Treasurer

Barry Moline

Date

01 / 29 / 2010

01 / 29 / 2010

01 / 29 / 2010

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

Office Use Only

FEC FORM 3X  
Rev. 12/2004

10030244556

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Florida Municipal Electric Association, Inc. PAC

Report Covering the Period: From:    To:

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, <input type="text" value="2009"/>	<input type="text" value="5,373.92"/>	<input type="text" value="5,373.92"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="5,123.92"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="3,985.00"/>	<input type="text" value="3,985.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="9,108.92"/>	<input type="text" value="9,358.92"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5,750.00"/>	<input type="text" value="6,000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="2,358.92"/>	<input type="text" value="3,358.92"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value=""/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value=""/>	

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

10030244557

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

*Florida Municipal Electric Association, Inc PAC*

Report Covering the Period: From:

07 ' 01 ' 2009

To:

12 ' 31 ' 2009

**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).....
  - (ii) Unitemized.....
  - (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

2870.00  
1115.00  
3985.00

2870.00  
1115.00  
3985.00

- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

00  
00  
3985.00

00  
00  
3985.00

12. Transfers From Affiliated/Other Party Committees.....

00

00

13. All Loans Received.....

00

00

14. Loan Repayments Received.....

00

00

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

00

00

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

00

00

17. Other Federal Receipts (Dividends, Interest, etc.).....

00

00

18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account (from Schedule H3).....

00

00

- (b) Levin Funds (from Schedule H5).....

00

00

- (c) Total Transfers (add 18(a) and 18(b))..

00

00

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

3985.00

3985.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

3985.00

3985.00

10030244558

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

**II. Disbursements**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	00	00
(ii) Non-Federal Share.....	00	00
(b) Other Federal Operating Expenditures .....	00	00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	00	00
22. Transfers to Affiliated/Other Party Committees.....	00	00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5,750.00	6,000.00
24. Independent Expenditures (use Schedule E).....	00	00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	00	00
26. Loan Repayments Made.....	00	00
27. Loans Made.....	00	00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	00	00
(b) Political Party Committees .....	00	00
(c) Other Political Committees (such as PACs).....	00	00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	00	00
29. Other Disbursements .....	00	00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	00	00
(ii) "Levin" Share.....	00	00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	00	00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	00	00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	5,750.00	6,000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5,750.00	6,000.00

10030244559

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	3,985.00	3,985.00
34. Total Contribution Refunds (from Line 28(d)) .....	00	00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3,985.00	3,985.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	00	00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	00	00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	00	00

10030244560

**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	OF
	<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)  
*Florida Municipal Electric Association, Inc. PAC*

Full Name (Last, First, Middle Initial) A. <i>Bryant, Fred</i>		Date of Receipt MM ' DD ' YYYY <i>07 ' 31 ' 2009</i>
Mailing Address <i>P.O. Box 3209</i>		Amount of Each Receipt this Period <i>250.00</i>
City <i>Tallahassee</i>	State Zip Code <i>FL 32315</i>	
FEC ID number of contributing federal political committee. <i>C</i>		
Name of Employer <i>FL Municipal Power Agency</i>	Occupation <i>Attorney</i>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <i>250.00</i>

Full Name (Last, First, Middle Initial) B. <i>Brower, Ron</i>		Date of Receipt MM ' DD ' YYYY <i>07 ' 31 ' 2009</i>
Mailing Address <i>5395 Pembroke Place</i>		Amount of Each Receipt this Period <i>250.00</i>
City <i>Tallahassee</i>	State Zip Code <i>FL 32308</i>	
FEC ID number of contributing federal political committee. <i>C</i>		
Name of Employer <i>Brower Communications</i>	Occupation <i>Consultant</i>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <i>250.00</i>

Full Name (Last, First, Middle Initial) C. <i>Aspuru, Jan</i>		Date of Receipt MM ' DD ' YYYY <i>07 ' 31 ' 2009</i>
Mailing Address <i>2010 Chestnut Ridge St</i>		Amount of Each Receipt this Period <i>250.00</i>
City <i>Winter Springs</i>	State Zip Code <i>FL 32708</i>	
FEC ID number of contributing federal political committee. <i>C</i>		
Name of Employer <i>Orlando Utilities Commission</i>	Occupation <i>Engineer</i>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <i>250.00</i>

SUBTOTAL of Receipts This Page (optional).....▶	<i>750.00</i>
TOTAL This Period (last page this line number only).....▶	

10050244561

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

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

FOR LINE NUMBER: PAGE 2 OF 4  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)

Florida Municipal Electric Association, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Warren, Gerald

Mailing Address

15242 SW 11th Terrace Rd

City

Orla

State

FL

Zip Code

34473

FEC ID number of contributing federal political committee.

C

Date of Receipt

07 31 2009

Amount of Each Receipt this Period

,250.00

Name of Employer

City of Winter Park

Occupation

Utility Director

Receipt For:

Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

25000

Full Name (Last, First, Middle Initial)

B. Stanfield, James

Mailing Address

3252 Hawks Ridge Rd.

City

Lakeland, FL

State

Zip Code

33810

FEC ID number of contributing federal political committee.

C

Date of Receipt

07 31 2009

Amount of Each Receipt this Period

,250.00

Name of Employer

Lakeland Electric

Occupation

General Manager

Receipt For:

Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Full Name (Last, First, Middle Initial)

C. Easterling, Zoila

Mailing Address

2401 Gem Mary Ct.

City

Orlando

State

FL

Zip Code

32806

FEC ID number of contributing federal political committee.

C

Date of Receipt

07 31 2009

Amount of Each Receipt this Period

,250.00

Name of Employer

Orlando Utilities Commission

Occupation

Attorney

Receipt For:

Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

,250.00

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

,750.00

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

10030244562

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

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

FOR LINE NUMBER: PAGE 3 OF 4

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Florida Municipal Electric Association, Inc. PAC

A. Full Name (Last, First, Middle Initial)  
Cooke, Michael

Date of Receipt  
M M / D D / Y Y Y Y  
07 31 2009

Mailing Address  
1006 S. Dakota Ave.

City State Zip Code  
Tampa FL 33605

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.  
C

Name of Employer  
Ruden McClosky Occupation  
Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

B. Full Name (Last, First, Middle Initial)  
McLain, Mark

Date of Receipt  
M M / D D / Y Y Y Y  
07 31 2009

Mailing Address  
1121 Bankery Trail

City State Zip Code  
Maitland FL 32751

Amount of Each Receipt this Period  
120.00

FEC ID number of contributing federal political committee.  
C

Name of Employer  
FL Municipal Power Agency Occupation  
Public Affairs VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
120.00

C. Full Name (Last, First, Middle Initial)  
Forbes, George

Date of Receipt  
M M / D D / Y Y Y Y  
08 20 2009

Mailing Address  
29 Rosewood Dr

City State Zip Code  
Jacksonville Beach FL 32250

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.  
C

Name of Employer  
City of Jacksonville Beach Occupation  
City Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

SUBTOTAL of Receipts This Page (optional).....▶ 620.00

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

10030244563



**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 4 OF 4

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

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NAME OF COMMITTEE (In Full)

Florida Municipal Electric Association, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Peebles, William

Mailing Address

P.O. Box 10930

City

Tallahassee

State

FL

Zip Code

32302

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Attorney

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 20 2009

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. McCarthy, Kevin

Mailing Address

1011 Ponce de Leon Ave

City

Clewiston

State

FL

Zip Code

33440

FEC ID number of contributing federal political committee.

C

Name of Employer

City of Clewiston

Occupation

Utility Director

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 05 2009

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

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

750.00

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

2,870.00

10030244564

**SCHEDULE 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 1 OF 7
	<input type="checkbox"/> 21b <input type="checkbox"/> 22 <input checked="" type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28a <input type="checkbox"/> 28b <input type="checkbox"/> 28c <input type="checkbox"/> 29 <input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)  
*Florida Municipal Electric Association, Inc. PAC*

**A.** *Friends of Corrine Brown*

Mailing Address: *P.O. Box 40087*

City: *Jacksonville* State: *FL* Zip Code: *32203*

Purpose of Disbursement: *Political Contribution (lost/voided check)*

Candidate Name: *Corrine Brown*

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: *FL* District: *3*

Date of Disbursement: *08 / 20 / 2009*

Amount of Each Disbursement this Period: *-500.00*

**B.** *Jeff Miller for Congress*

Mailing Address: *P.O. Box 126*

City: *Pensacola* State: *FL* Zip Code: *32591*

Purpose of Disbursement: *Political Contribution*

Candidate Name: *Jeff Miller*

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: *FL* District: *1*

Date of Disbursement: *09 / 28 / 2009*

Amount of Each Disbursement this Period: *250.00*

**C.** *Crenshaw for Congress*

Mailing Address: *4963 Beach Blvd, Suite 1*

City: *Jacksonville* State: *FL* Zip Code: *33207*

Purpose of Disbursement: *Political Contribution*

Candidate Name: *Ander Crenshaw*

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: *FL* District: *4*

Date of Disbursement: *09 / 28 / 2009*

Amount of Each Disbursement this Period: *500.00*

SUBTOTAL of Disbursements This Page (optional).....▶ *250.00*

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

10030244565

**SCHEDULE 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 2 OF 7

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

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NAME OF COMMITTEE (In Full)

Florida Municipal Electric Association Inc. PAC

Full Name (Last, First, Middle Initial)

A. Friends of Ginny Brown-Waite		Date of Disbursement
Mailing Address 704 Ponce de Leon <del>Ave</del> Blvd		09 / 28 / 2009
City Brooksville	State FL	Zip Code 34601
Purpose of Disbursement Political Contribution	Candidate Name Ginny Brown-Waite	Amount of Each Disbursement this Period 250.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 011
State: FL	District: 5	

B. Friends of Cliff Stearns		Date of Disbursement
Mailing Address P.O. Box 308		09 / 28 / 2009
City Silver Springs	State FL	Zip Code 34489
Purpose of Disbursement Political Contribution	Candidate Name Cliff Stearns	Amount of Each Disbursement this Period 500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 011
State: FL	District: 10	

C. Mica for Congress		Date of Disbursement
Mailing Address P.O. Box 181540		09 / 28 / 2009
City Casselberry	State FL	Zip Code 32718
Purpose of Disbursement Political Contribution	Candidate Name John Mica	Amount of Each Disbursement this Period 500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 011
State: FL	District: 7	

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

1,250.00

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

10030244566

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)										
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
*Florida Municipal Electric Association Inc. PAC*

**A.** *Congressman Bill Young Campaign*

Full Name (Last, First, Middle Initial)

Mailing Address: *P.O. Box 47025*

City: *St. Petersburg* State: *FL* Zip Code: *33743*

Purpose of Disbursement: *Political Contribution*

Candidate Name: *Bill Young*

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: *FL* District: *10*

Date of Disbursement: *09/28/2009*

Amount of Each Disbursement this Period: *250.00*

Category/Type: *011*

**B.** *Ros-Lehtinen for Congress*

Full Name (Last, First, Middle Initial)

Mailing Address: *P.O. Box 52-2784*

City: *Miami* State: *FL* Zip Code: *33152*

Purpose of Disbursement: *Political Contribution*

Candidate Name: *Ileana Ros-Lehtinen*

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: *FL* District: *18*

Date of Disbursement: *09/28/2009*

Amount of Each Disbursement this Period: *500.00*

Category/Type: *011*

**C.** *Lincoln Diaz-Balart for Congress*

Full Name (Last, First, Middle Initial)

Mailing Address: *2861 Ponce de Leon Blvd., Suite 1000*

City: *Coral Gables* State: *FL* Zip Code: *33134*

Purpose of Disbursement: *Political Contribution*

Candidate Name: *Lincoln Diaz-Balart*

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: *FL* District: *21*

Date of Disbursement: *09/28/2009*

Amount of Each Disbursement this Period: *250.00*

Category/Type: *011*

SUBTOTAL of Disbursements This Page (optional).....▶ *1,000.00*

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

1003024567

**SCHEDULE 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 4 OF 7				
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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NAME OF COMMITTEE (In Full)  
*Florida Municipal Electric Association Inc. PAc*

**A. Bilirakis for Congress**

Mailing Address: *600 S. Boulevard*  
 City: *Tampa* State: *FL* Zip Code: *33606*

Purpose of Disbursement: *Political Contribution*  
 Candidate Name: *Gus Bilirakis* Category/Type: *011*

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: *FL* District: *09*

Date of Disbursement: *09 28 2009*

Amount of Each Disbursement this Period: *250.00*

**B. Boyd for Congress**

Mailing Address: *P.O. Box 15703*  
 City: *Tallahassee* State: *FL* Zip Code: *32317*

Purpose of Disbursement: *Political Contribution*  
 Candidate Name: *Allen Boyd* Category/Type: *011*

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: *FL* District: *2*

Date of Disbursement: *09 28 2009*

Amount of Each Disbursement this Period: *500.00*

**C. Hastings for Congress**

Mailing Address: *P.O. Box 100277*  
 City: *Ft. Lauderdale* State: *FL* Zip Code: *33310*

Purpose of Disbursement: *Political Contribution*  
 Candidate Name: *Ailee Hastings* Category/Type: *011*

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: *FL* District: *23*

Date of Disbursement: *09 28 2009*

Amount of Each Disbursement this Period: *250.00*

SUBTOTAL of Disbursements This Page (optional).....▶ *1,000.00*

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

10030244568

**SCHEDULE 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 5 OF 7
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)  
**Florida Municipal Electric Association, Inc. PAC**

**A. Wasserman Schultz for Congress**

Date of Disbursement: 09/28/2009

Mailing Address: 1071 Twin Branch Ln  
 City: Weston State: FL Zip Code: 33326

Purpose of Disbursement: Political Contribution  
 Candidate Name: Debbie Wasserman Schultz  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼

State: FL District: 20

Amount of Each Disbursement this Period: 250.00

Category/Type: 011

**B. Castor for Congress**

Date of Disbursement: 09/28/2009

Mailing Address: 301 W. Platt Street #385  
 City: Tampa State: FL Zip Code: 33606

Purpose of Disbursement: Political Contribution  
 Candidate Name: Kathy Castor  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼

State: FL District: 11

Amount of Each Disbursement this Period: 500.00

Category/Type: 011

**C. Mario Diaz-Balart for Congress**

Date of Disbursement: 09/28/2009

Mailing Address: 95 Merrick Way, Suite 250  
 City: Coral Gables State: FL Zip Code: 33134

Purpose of Disbursement: Political Contribution  
 Candidate Name: Mario Diaz-Balart  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼

State: FL District: 25

Amount of Each Disbursement this Period: 250.00

Category/Type: 011

**SUBTOTAL** of Disbursements This Page (optional).....▶ 1,000.00

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

10030244569

**SCHEDULE 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 4 OF 7

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

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NAME OF COMMITTEE (In Full)

Florida Municipal Electric Association Inc. PAC

Full Name (Last, First, Middle Initial)

A. Committee to Elect Alan Grayson		Date of Disbursement
Mailing Address P.O. Box 536447		09 ' 28 ' 2009
City Orlando	State FL	Zip Code 32853
Purpose of Disbursement Political Contribution	Candidate Name Alan Grayson	Amount of Each Disbursement this Period 250.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type
State: FL	District: 8	

B. Klein for Congress		Date of Disbursement
Mailing Address 21301 Powerline Road		09 ' 28 ' 2009
City Boca Raton	State FL	Zip Code 33431
Purpose of Disbursement Political Contribution	Candidate Name Ron Klein	Amount of Each Disbursement this Period 250.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type
State: FL	District: 22	

C. Kosmas for Congress		Date of Disbursement
Mailing Address P.O. Box 1547		09 ' 28 ' 2009
City New Smyrna Beach	State FL	Zip Code 32170
Purpose of Disbursement Political Contribution	Candidate Name Suzanne Kosmas	Amount of Each Disbursement this Period 250.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type
State: FL	District: 24	

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

750.00

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

10030249570

**SCHEDULE 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 **7** OF **7**

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

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NAME OF COMMITTEE (In Full)

**Florida Municipal Electric Association Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Friends of Bill Posey**

Date of Disbursement

09 / 28 / 2009

Mailing Address

P.O. Box 360877

City

Melbourne

State

FL

Zip Code

32936

Purpose of Disbursement

Political Contribution

011  
Category/  
Type

Amount of Each Disbursement this Period

250.00

Candidate Name

Bill Posey

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: FL

District: 15

Full Name (Last, First, Middle Initial)

**B. Huckill for Congress**

Date of Disbursement

09 / 28 / 2009

Mailing Address

P.O. Box 238484

City

Port Orange

State

FL

Zip Code

32123

Purpose of Disbursement

Political Contribution

011  
Category/  
Type

Amount of Each Disbursement this Period

250.00

Candidate Name

Dorothy Huckill

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: FL

District: 24

Full Name (Last, First, Middle Initial)

**C.**  
Mailing Address

Date of Disbursement

..... / ..... / .....

City

State

Zip Code

Purpose of Disbursement

Candidate Name

.....  
Category/  
Type

Amount of Each Disbursement this Period

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

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

500.00

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

5,750.00

10030244571



Federal Election Commission  
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Delivery Confirmation™ or Signature Confirmation™ Label

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Postmark Illegible

No Postmark

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Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

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*ASD*  
PREPARER

2/5/10  
DATE PREPARED

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