

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 Tallahassee FL 32302

2. FEC IDENTIFICATION NUMBER C00005561 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, Convention, General, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 11 01 2009 through 11 30 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 Alma Gonzalez

Signature of Treasurer Electronically Filed by Alma Gonzalez Date 05 08 2010

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

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

A. Form/Schedule : **F3XA**

Transaction ID :

The Committee is in receipt of the Commission's letter dated 5/5/2010, covering the 2009 November monthly report. Our response is as follows: 1. Markel Corporation was a reimbursement to the Committee from our liability insurance carrier because of vandalism to the Committee offices. The original payment to our insurance for the liability insurance was paid on 4/20/2009 to Pat Thomas and Associates Insurance. 2. In reference to the letter sent concerning prior period voids for salary checks, the checks were sent out and never cashed. The committee made attempts to contact individuals and re-issue checks but in some instances the committee was unsuccessful. On the advice of the committee's accountants the checks were voided in November of 2009. In reference to the letter sent concerning prior period voids for staff reimbursement checks, the checks were sent out and never cashed. The committee made attempts to contact individuals and re-issue checks but in some instances the committee was unsuccessful. On the advice of the committee's accountants the checks were voided in November of 2009. Please see individual item memos for further clarification of non-salary/staff reimbursement voided checks. 3. H.O.P.E. Inc, of Jacksonville: Check issued in error. Event did not take place. Original disbursement on 10/2/08. City of St. Petersburg: Check issued in error. Event did not take place. Original disbursement made on 10/4/08. Moss, Florence: Original disbursement made on 10/17/08. Original disbursement made on 10/15/08. In reference to Moss, Florence: In reference to the letter sent concerning prior period voids for salary checks, the checks were sent out and never cashed. The committee made attempts to contact individuals and re-issue checks but in some instances the committee was unsuccessful. On the advice of the committee's accountants the checks were voided in November of 2009. 4. The itemization payment to Mr. Leonard pepper was incorrectly listed omitting the company name. Amended to correctly list the entire vendor name ? Dover-ee Properties, LLC, Attention: Mr. Leonard Pepper. The purpose for the payment was lodging. 5. The payment made to Bullseye Interactive Media was for internet services. The purpose codes have been changed to reflect the meeting/admin related nature of the expenses. ....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
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		260907.39
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	540772.52									
(c) Total Receipts (from Line 19) .....	28238.97	2098001.58								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	569011.49	2358908.97								
7. Total Disbursements (from Line 31) .....	54195.14	1844092.62								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	514816.35	514816.35								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	18541.50									

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

Report Covering the Period: From: 

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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) .....	850.00	161975.00
(ii) Unitemized .....	1010.00	90265.73
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	1860.00	252240.73
(b) Political Party Committees .....	3220.00	57330.00
(c) Other Political Committees (such as PACs) .....	11500.00	72181.50
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	16580.00	381752.23
12. Transfers From Affiliated/Other Party Committees .....	6924.00	380558.67
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) .....	4642.63	53301.84
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	92.34	11682.61
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	1270706.23
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	1270706.23
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	28238.97	2098001.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	28238.97	827295.35

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	17019.03	284260.60
(ii) Non-Federal Share.....	64739.22	1130501.62
(b) Other Federal Operating Expenditures.....	-4606.58	402458.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	77151.67	1817220.44
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	80.00	11410.00
(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)) .....	80.00	11410.00
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 .....	-23036.53	15462.18
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	-23036.53	15462.18
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	54195.14	1844092.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	-10544.08	713591.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	16580.00	381752.23
34. Total Contribution Refunds (from Line 28(d)) .....	80.00	11410.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16500.00	370342.23
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	12412.45	686718.82
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	4642.63	53301.84
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	7769.82	633416.98

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 83  
(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)  
John J. Dingfelder

Mailing Address 3006 W San Carlos St

City Tampa State FL Zip Code 33629-6035

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

Name of Employer Scarritt Law Group Occupation attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
11 / 17 / 2009

**Transaction ID:** C3995320

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Sheryl Henley

Mailing Address 404 Park Ridge Ave

City Tampa State FL Zip Code 33617

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

Name of Employer Unemployed Occupation Unemployed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt MM / DD / YYYY  
11 / 11 / 2009

**Transaction ID:** C3999346

Amount of Each Receipt this Period 100.00

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

Mailing Address 700 Coral Way #3

City Coral Gables State FL Zip Code 33134

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 MM / DD / YYYY  
11 / 13 / 2009

**Transaction ID:** C3999361

Amount of Each Receipt this Period 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>850.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>850.00</b>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 83
	(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**

<b>A.</b>	Full Name (Last, First, Middle Initial) Democratic National Committee	Date of Receipt MM / DD / YYYY 11 / 05 / 2009
	Mailing Address 430 South Capitol Street, SE	<b>Transaction ID: C4010582</b>
	City State Zip Code Washington DC 20003	Amount of Each Receipt this Period 3220.00
	FEC ID number of contributing federal political committee. <b>C</b> C00010603	* In-Kind: Voter File
	Name of Employer Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 358509.61	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3220.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>3220.00</b>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 83  
(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)  
BLUE DOG POLITICAL ACTION COMMITTEE

Mailing Address 6849 Old Dominion Drive  
Suite 222

City State Zip Code  
McLean VA 22101

FEC ID number of contributing federal political committee. **C** C00305318

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
11 / 05 / 2009

**Transaction ID:** C3993414

Amount of Each Receipt this Period  
5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Committee on Letter Carriers Political Education -

Mailing Address 100 Indiana Ave NW

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00023580

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
11 / 05 / 2009

**Transaction ID:** C3993413

Amount of Each Receipt this Period  
1500.00

**C.**

Full Name (Last, First, Middle Initial)  
Squire Sanders and Dempsey LLC PAC

Mailing Address 1201 Pennsylvania Ave NW

City State Zip Code  
Washington DC 20004-2401

FEC ID number of contributing federal political committee. **C** C00444935

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
11 / 17 / 2009

**Transaction ID:** C3995321

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>11500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>11500.00</b>

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

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

FOR LINE NUMBER: PAGE 10 / 83  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

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

Mailing Address 430 South Capitol Street, SE

City State Zip Code  
Washington DC 20003

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 358509.61

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 0 / 2 0 0 9

**Transaction ID:** C3993812

Amount of Each Receipt this Period  
2000.00

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

Mailing Address 430 South Capitol Street, SE

City State Zip Code  
Washington DC 20003

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 358509.61

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 0 / 2 0 0 9

**Transaction ID:** C3993813

Amount of Each Receipt this Period  
4924.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6924.00

**TOTAL** This Period (last page this line number only) ..... ► 6924.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 83  
(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)  
Markel Corporation

Mailing Address PO Box 2010

City State Zip Code  
Glen Allen VA 23058-2010

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4642.63

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 1 / 1 7 / 2 0 0 9

Transaction ID: C3995322

Amount of Each Receipt this Period  
4642.63

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4642.63
<b>TOTAL</b> This Period (last page this line number only) .....	▶	4642.63

A. Form/Schedule : **SA15**  
Transaction ID : **C3995322**

Insurance paid as Admin on split. Claim paid for damages. Committee transfered non-federal share back from federal to non-federal.

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 13 / 83	
	(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"/> 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**

<b>A.</b>	Full Name (Last, First, Middle Initial) Capital City Bank		Date of Receipt																					
	Mailing Address PO Box 1630		<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>1</td><td>1</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	3	0	/	2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	3	0	/	2	0	0	9														
	City State Zip Code Tallahassee FL 32302-1630		<b>Transaction ID: C4003555</b>																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 92.34																						
Name of Employer Occupation		Aggregate Year-to-Date ▼ 577.61																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	92.34
<b>TOTAL</b> This Period (last page this line number only) .....	▶	92.34

# SCHEDULE 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) 417 Sanford Ave DBA The Fish House Mailing Address 519 Sanford Avenue City Sanford State FL Zip Code 32771 Purpose of Disbursement Prior Period Void 10/15/2008 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: D281085 Date of Disbursement 11 / 04 / 2009	Amount of Each Disbursement this Period -169.33
B.	Full Name (Last, First, Middle Initial) American Express Merchant Services Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Merchant Bank 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: D280251 Date of Disbursement 11 / 19 / 2009	Amount of Each Disbursement this Period 12.49
C.	Full Name (Last, First, Middle Initial) American Express Merchant Services Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Merchant Bank 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: D280252 Date of Disbursement 11 / 02 / 2009	Amount of Each Disbursement this Period 202.18

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	45.34
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

A. Form/Schedule : **SB21B**  
Transaction ID : **D281085**

Duplicate payment. Deposit from 9/03/08 applied.

**SCHEDULE 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) AT&T Mobility	Transaction ID: D281206 Date of Disbursement																			
	Mailing Address PO Box 538695	<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>1</td><td>1</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	4	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	0	4	/	2	0	0	9												
	City Atlanta State GA Zip Code 30353-8695	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Prior Period Void 10/21/2008	<table border="1"><tr><td>-367.38</td></tr></table>	-367.38																		
-367.38																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input 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) AT&T Mobility	Transaction ID: D281226 Date of Disbursement																			
	Mailing Address PO Box 538695	<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>1</td><td>1</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	4	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	0	4	/	2	0	0	9												
	City Atlanta State GA Zip Code 30353-8695	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Prior Period Void 10/21/2008	<table border="1"><tr><td>-224.82</td></tr></table>	-224.82																		
-224.82																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: D281227 Date of Disbursement																			
	Mailing Address PO Box 538695	<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>1</td><td>1</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	4	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	0	4	/	2	0	0	9												
	City Atlanta State GA Zip Code 30353-8695	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Prior Period Void 10/21/2008	<table border="1"><tr><td>-451.66</td></tr></table>	-451.66																		
-451.66																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>-1043.86</td></tr></table>	-1043.86
-1043.86		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

A. Form/Schedule : **SB21B**  
Transaction ID : **D281206**

Duplicate payment. Paid 11/21/08.

B. Form/Schedule : **SB21B**  
Transaction ID : **D281226**

Duplicate payment. Paid 11/21/08.

C. Form/Schedule : **SB21B**  
Transaction ID : **D281227**

Duplicate payment. Paid 11/21/08.

**SCHEDULE 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 19 / 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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) AT&T Mobility	Transaction ID: D281346 Date of Disbursement 11 / 04 / 2009
	Mailing Address PO Box 538695	Amount of Each Disbursement this Period -112.92
	City Atlanta State GA Zip Code 30353-8695	
	Purpose of Disbursement Prior Period Void 10/21/2008	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input 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) AT&T	Transaction ID: D281332 Date of Disbursement 11 / 04 / 2009
	Mailing Address PO Box 105262	Amount of Each Disbursement this Period -56.20
	City Atlanta State GA Zip Code 30348-5262	
	Purpose of Disbursement Prior Period Void 10/21/2008	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: D281333 Date of Disbursement 11 / 04 / 2009
	Mailing Address PO Box 105262	Amount of Each Disbursement this Period -91.84
	City Atlanta State GA Zip Code 30348-5262	
	Purpose of Disbursement Prior Period Void 10/21/2008	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>-260.96</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

A. Form/Schedule : **SB21B**  
Transaction ID : **D281346**

Duplicate payment. Paid 11/21/08.

B. Form/Schedule : **SB21B**  
Transaction ID : **D281332**

Duplicate payment. Paid 11/21/08.

C. Form/Schedule : **SB21B**

Duplicate payment. Paid 11/21/08.

Transaction ID : **D281333**

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

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) AT&amp;T</p> <p>Mailing Address PO Box 105262</p> <p>City Atlanta State GA Zip Code 30348-5262</p> <p>Purpose of Disbursement Prior Period Void 10/21/2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D281345 <b>Date of Disbursement</b> 11 / 04 / 2009</p> <p>Amount of Each Disbursement this Period -329.30</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Authorize.Net</p> <p>Mailing Address 915 South 500 East, Suite 200</p> <p>City American Fork State UT Zip Code 84003</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><b>Transaction ID:</b> D280253 <b>Date of Disbursement</b> 11 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 868.57</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Bright House Networks</p> <p>Mailing Address P.O. Box 31337</p> <p>City Tampa State FL Zip Code 33630-3765</p> <p>Purpose of Disbursement Prior Period Void 10/02/2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D281076 <b>Date of Disbursement</b> 11 / 04 / 2009</p> <p>Amount of Each Disbursement this Period -209.90</p>

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

329.37

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

A. Form/Schedule : **SB21B**  
Transaction ID : **D281345**

Duplicate payment. Paid 11/21/08.

C. Form/Schedule : **SB21B**  
Transaction ID : **D281076**

Check written in error. Services never received.

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Bright House Networks	Transaction ID: D281309 Date of Disbursement
	Mailing Address P.O. Box 31337	<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City Tampa State FL Zip Code 33630-3765	Amount of Each Disbursement this Period
	Purpose of Disbursement Prior Period Void	<input type="text" value="-614.85"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Bright House Networks	Transaction ID: D281319 Date of Disbursement
	Mailing Address P.O. Box 31337	<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City Tampa State FL Zip Code 33630-3765	Amount of Each Disbursement this Period
	Purpose of Disbursement Prior Period Void 1/14/2009	<input type="text" value="-964.06"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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: D280304 Date of Disbursement
	Mailing Address PO Box 1630	<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City Tallahassee State FL Zip Code 32302-1630	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Bank Fee	<input type="text" value="283.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="-1295.91"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

A. Form/Schedule : **SB21B**  
Transaction ID : **D281309**

Duplicate payment. Payment made on 11/20/08.

B. Form/Schedule : **SB21B**  
Transaction ID : **D281319**

Check written in error. Services never received.

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Capital City Bank</p> <p>Mailing Address PO Box 1630</p> <p>City Tallahassee State FL Zip Code 32302-1630</p> <p>Purpose of Disbursement Merchant Bank Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D280305</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="225.86"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) City of Boynton Beach</p> <p>Mailing Address Rec &amp; Parks Dept. 100 E. Boynton Beach Blvd.</p> <p>City Boynton Beach State FL Zip Code 33435</p> <p>Purpose of Disbursement Prior Period Void 10/22/2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D281207</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="-75.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) City of Boynton Beach</p> <p>Mailing Address Rec &amp; Parks Dept. 100 E. Boynton Beach Blvd.</p> <p>City Boynton Beach State FL Zip Code 33435</p> <p>Purpose of Disbursement Prior Period Void 10/22/2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D281209</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="-300.00"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="-149.14"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

B. Form/Schedule : **SB21B**  
Transaction ID : **D281207**

Check issued in error. Event did not take place so service was not needed.

C. Form/Schedule : **SB21B**  
Transaction ID : **D281209**

Check issued in error. Event did not take place so service was not needed.

# SCHEDULE 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 28 / 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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) City of Boynton Beach	Transaction ID: D281210 Date of Disbursement 11 / 04 / 2009
	Mailing Address Rec & Parks Dept. 100 E. Boynton Beach Blvd.	Amount of Each Disbursement this Period -25.00
	City Boynton Beach State FL Zip Code 33435	
	Purpose of Disbursement Prior Period Void 10/22/2008	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) City of Gainesville	Transaction ID: D281083 Date of Disbursement 11 / 04 / 2009
	Mailing Address 413 N. 8th Ave.	Amount of Each Disbursement this Period -29.00
	City Gainesville State FL Zip Code 32602	
	Purpose of Disbursement Prior Period Void 10/14/2008	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) City of Lake Wales	Transaction ID: D281081 Date of Disbursement 11 / 04 / 2009
	Mailing Address CFC c/o Vicki Dillon 5385 Gateway Blvd.	Amount of Each Disbursement this Period -44.80
	City Lakeland State FL Zip Code 33801	
	Purpose of Disbursement Prior Period Void 10/14/2008	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>-98.80</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

A. Form/Schedule : **SB21B**  
Transaction ID : **D281210**

Check issued in error. Event did not take place so service was not needed.

B. Form/Schedule : **SB21B**  
Transaction ID : **D281083**

Check issued in error. Event did not take place.

C. Form/Schedule : **SB21B**  
Transaction ID : **D281081**

Check issued in error. Event did not take place.

# SCHEDULE 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) Comcast  Mailing Address PO Box 105184  City Atlanta State GA Zip Code 30348-5184  Purpose of Disbursement Prior Period VOID 11/12/2008 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: D281308 Date of Disbursement 11 / 04 / 2009  Amount of Each Disbursement this Period -505.87
B.	Full Name (Last, First, Middle Initial) Democratic National Committee  Mailing Address 430 South Capitol Street, SE  City Washington State DC Zip Code 20003  Purpose of Disbursement Voter File 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: D280344 Date of Disbursement 11 / 05 / 2009  Amount of Each Disbursement this Period 3220.00  * In-Kind Received
C.	Full Name (Last, First, Middle Initial) Florida Power & Light Company  Mailing Address PO Box 025576  City Miami State FL Zip Code 33102-5576  Purpose of Disbursement Prior Period Void 12/30/2008 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: D281315 Date of Disbursement 11 / 04 / 2009  Amount of Each Disbursement this Period -499.55

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

2214.58

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

A. Form/Schedule : **SB21B**  
Transaction ID : **D281308**

Duplicate payment. Payment made on 10/20/08.

C. Form/Schedule : **SB21B**  
Transaction ID : **D281315**

Check written in error. Services never received.

**SCHEDULE 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 33 / 83

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Florida Power &amp; Light Company</p> <p>Mailing Address PO Box 025576</p> <p>City Miami State FL Zip Code 33102-5576</p> <p>Purpose of Disbursement Prior Period Void 12/30/2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D281316 <b>Date of Disbursement</b> 11 / 04 / 2009</p> <p>Amount of Each Disbursement this Period -174.59</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) James M Forsyth</p> <p>Mailing Address 1910 E Palm Ave</p> <p>City Tampa State FL Zip Code 33605</p> <p>Purpose of Disbursement Prior Period VOID 10/3/2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D281078 <b>Date of Disbursement</b> 11 / 04 / 2009</p> <p>Amount of Each Disbursement this Period -11.41</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Friendship Missionary Baptist Church</p> <p>Mailing Address 2030 Palm Ave.</p> <p>City Fort Myers State FL Zip Code 33916</p> <p>Purpose of Disbursement Prior Period Void 10/21/2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D281200 <b>Date of Disbursement</b> 11 / 04 / 2009</p> <p>Amount of Each Disbursement this Period -100.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	-286.00
<b>TOTAL</b> This Period (last page this line number only) .....	

A. Form/Schedule : **SB21B**  
Transaction ID : **D281316**

Check written in error. Services never received.

C. Form/Schedule : **SB21B**  
Transaction ID : **D281200**

Check issued in error. Event did not take place.

# SCHEDULE 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) Christine Frogozo  Mailing Address 1366 Riviera Ave.  City Venice State CA Zip Code 90291  Purpose of Disbursement Prior Period Void 11/06/2008  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: D281287 Date of Disbursement 11 / 04 / 2009	Amount of Each Disbursement this Period -19.93
B.	Full Name (Last, First, Middle Initial) Carlise Gill  Mailing Address 1289 Windy Willows Dr  City Jacksonville State FL Zip Code 32225  Purpose of Disbursement Prior Period Void 12/9/2008  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: D281314 Date of Disbursement 11 / 04 / 2009	Amount of Each Disbursement this Period -100.00
C.	Full Name (Last, First, Middle Initial) Glovenia Enterprises, LLC  Mailing Address Attn: Jim Taube 1921 Capital Circle NE  City Tallahassee State FL Zip Code 32308  Purpose of Disbursement Prior Period Void 10/14  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: D281082 Date of Disbursement 11 / 04 / 2009	Amount of Each Disbursement this Period -500.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>-619.93</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

B. Form/Schedule : **SB21B**  
Transaction ID : **D281314**

Check written in error. Services never received.

C. Form/Schedule : **SB21B**  
Transaction ID : **D281082**

Duplicate payment. Payment was made on 10/16/08.

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kristen Harper</p> <p>Mailing Address 3750 Silver Bluff Blvd Apt 2406</p> <p>City Orange Park State FL Zip Code 32065-4269</p> <p>Purpose of Disbursement Prior Period Void 11/07/2009</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D281293 <b>Date of Disbursement</b> 11 / 04 / 2009</p> <p>Amount of Each Disbursement this Period -505.58</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Carrie-Lynn Hodge</p> <p>Mailing Address 3865 Shady Run Rd. ----</p> <p>City Melbourne State FL Zip Code 32934</p> <p>Purpose of Disbursement Prior Period Void 9/11/2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D281074 <b>Date of Disbursement</b> 11 / 04 / 2009</p> <p>Amount of Each Disbursement this Period -25.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jeff Branch</p> <p>Mailing Address 717 S. Boundary Ave.</p> <p>City Deland State FL Zip Code 32720</p> <p>Purpose of Disbursement Prior Period Void 11/04/2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D281225 <b>Date of Disbursement</b> 11 / 04 / 2009</p> <p>Amount of Each Disbursement this Period -66.69</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	-597.27
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Joshua Maddock</p> <p>Mailing Address 623 Park Pl Apt. 12</p> <p>City West Palm Beach State FL Zip Code 33401</p> <p>Purpose of Disbursement Prior Period Void 9/02/2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D280705 <b>Date of Disbursement</b> 11 / 04 / 2009</p> <p>Amount of Each Disbursement this Period -102.11</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Nobel Biz, Inc.</p> <p>Mailing Address 430 S. Capitol St. SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Prior Period Void 11/12/2009</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D281310 <b>Date of Disbursement</b> 11 / 04 / 2009</p> <p>Amount of Each Disbursement this Period -1662.05</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Nina Soares</p> <p>Mailing Address 4681 Sierra Madre Rd</p> <p>City Santa Barbara State CA Zip Code 93110</p> <p>Purpose of Disbursement Prior Period Void 9/11/2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D281073 <b>Date of Disbursement</b> 11 / 04 / 2009</p> <p>Amount of Each Disbursement this Period -50.00</p>

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

-1814.16

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

B. Form/Schedule : **SB21B**  
Transaction ID : **D281310**

Duplicate payment. Payment made on 11/18/08.

**SCHEDULE 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 40 / 83

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) The Experts, LLC <hr/> Mailing Address 600 NW 183rd St <hr/> City Miami Gardens State FL Zip Code 33169-4470 <hr/> Purpose of Disbursement Prior Period VOID 9/12/2008 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D281075 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period -1000.00
<b>B.</b> Full Name (Last, First, Middle Initial) Time + Plus Payroll Services <hr/> Mailing Address 500 Colonial Center Parkway Suite 650 <hr/> City Atlanta State GA Zip Code 30076 <hr/> Purpose of Disbursement Prior Period Void 12/30/2008 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D281320 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period -29.84

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

-1029.84

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

-4606.58

A. Form/Schedule : **SB21B**  
Transaction ID : **D281075**

Duplicate payment. Deposit from 7/23/08 applied.

B. Form/Schedule : **SB21B**  
Transaction ID : **D281320**

Check issued in error.

**SCHEDULE 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 42 / 83

<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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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)  
Corinne T. T. Miller

Transaction ID: D278634

Date of Disbursement

Mailing Address 22065 Palms Way  
Apt 101

<sup>M</sup> 1	<sup>M</sup> 1	/	<sup>D</sup> 0	<sup>D</sup> 5	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 0	<sup>Y</sup> 9
-------------------	-------------------	---	-------------------	-------------------	---	-------------------	-------------------	-------------------	-------------------

City Boca Raton State FL Zip Code 33433-8014

Amount of Each Disbursement this Period

80.00
-------

Purpose of Disbursement  
Conference Refund

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

80.00

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

80.00

# 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 43 / 83

<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><b>A.</b> Full Name (Last, First, Middle Initial) Matthew Adler</p> <p>Mailing Address 8022 Inverness Ridge Rd.</p> <p>City Potomac State MD Zip Code 20854</p> <p>Purpose of Disbursement Prior Period Void 10/30/2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D281222 <b>Date of Disbursement</b> 11 / 04 / 2009</p> <p>Amount of Each Disbursement this Period -987.93</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Aaron Banks</p> <p>Mailing Address 1001 L Street NW, Apt #905</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Prior Period Void 11/07/2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D281288 <b>Date of Disbursement</b> 11 / 04 / 2009</p> <p>Amount of Each Disbursement this Period -299.26</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jolee Boyd</p> <p>Mailing Address 14833 Two Bar Rd</p> <p>City Boulder Creek State CA Zip Code 95006</p> <p>Purpose of Disbursement Prior Period Void 11/07/2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D281302 <b>Date of Disbursement</b> 11 / 04 / 2009</p> <p>Amount of Each Disbursement this Period -323.22</p>

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

-1610.41

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

-

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input 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

<b>A.</b> Full Name (Last, First, Middle Initial) Lauren Bresnahan <hr/> Mailing Address 3500 SW 19th Avenue <hr/> City Gainesville State FL Zip Code 32607 <hr/> Purpose of Disbursement Prior Period Void 11/07 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: D281307 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period -299.26
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) John Brower <hr/> Mailing Address 3209 Hanging Vine Ct <hr/> City Land O Lakes State FL Zip Code 34639 <hr/> Purpose of Disbursement Prior Period Void 11/07/2008 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: D281303 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period -323.22
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Akilah Carter-Davis <hr/> Mailing Address 4545 S Drexel Blvd Unit 1c <hr/> City Chicago State IL Zip Code 60653 <hr/> Purpose of Disbursement Prior Period Void 11/07/2008 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: D281305 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period -964.20
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**-1586.68**

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Amanda K Christensen</p> <p>Mailing Address 7560 CR 659</p> <p>City Bushnell State FL Zip Code 33513</p> <p>Purpose of Disbursement Prior Period Void 11/07/2009</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D281306 <b>Date of Disbursement</b> 11 / 04 / 2009</p> <p>Amount of Each Disbursement this Period -313.84</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) City of St. Petersburg</p> <p>Mailing Address P.O. 2842 P.O. Box 33034</p> <p>City Saint Petersburg State FL Zip Code 33731</p> <p>Purpose of Disbursement Prior Period Void 10/14/2009</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D281079 <b>Date of Disbursement</b> 11 / 04 / 2009</p> <p>Amount of Each Disbursement this Period -55.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Paul Cleveland</p> <p>Mailing Address 1722 SW 157th Place Road</p> <p>City Ocala State FL Zip Code 34473</p> <p>Purpose of Disbursement Prior Period Void 10/30/2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D281218 <b>Date of Disbursement</b> 11 / 04 / 2009</p> <p>Amount of Each Disbursement this Period -772.40</p>

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

-1141.24

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

B. Form/Schedule : **SB30B**  
Transaction ID : **D281079**

Check issued in error. Event did not take place. Original disbursement made on 10/4/08.

**SCHEDULE 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

<b>A.</b> Full Name (Last, First, Middle Initial) Bayley Dixon <hr/> Mailing Address 62 Linda Vista Ave <hr/> City Atherton State CA Zip Code 94027 <hr/> Purpose of Disbursement Prior Period Void 11/07/2008 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: D281301 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period -299.26
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Mitch Emerson <hr/> Mailing Address 4518 Alice St. --- <hr/> City San Diego State CA Zip Code 92115 <hr/> Purpose of Disbursement Prior Period Void 8/18/2008 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: D280704 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period -1021.25
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Jeffrey R Gabriel <hr/> Mailing Address 1639 Camden Ave Apt 303 <hr/> City Los Angeles State CA Zip Code 90025-7523 <hr/> Purpose of Disbursement Prior Period Void 11/07/2008 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: D281300 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period -483.70
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

-1804.21

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input 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><b>A.</b> Full Name (Last, First, Middle Initial) Sandra Gallagher</p> <p>Mailing Address 5701 NW 114 Ct #101</p> <p>City Doral State FL Zip Code 33178</p> <p>Purpose of Disbursement Prior Period Void 11/07/2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D281299 <b>Date of Disbursement</b> 11 / 04 / 2009</p> <p>Amount of Each Disbursement this Period -299.26</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Steven Graham</p> <p>Mailing Address 1385 Forestedge Blvd</p> <p>City Oldsmar State FL Zip Code 34677-5119</p> <p>Purpose of Disbursement Prior Period Void 11/07/2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D281294 <b>Date of Disbursement</b> 11 / 04 / 2009</p> <p>Amount of Each Disbursement this Period -323.22</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Julien Greboval</p> <p>Mailing Address 219 Greenwood Dr.</p> <p>City Peace Dale State RI Zip Code 02879</p> <p>Purpose of Disbursement Prior Period Void 9/05/2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D280706 <b>Date of Disbursement</b> 11 / 04 / 2009</p> <p>Amount of Each Disbursement this Period -1021.25</p>

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

**-1643.73**

**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

<b>A.</b>	Full Name (Last, First, Middle Initial) H.O.P.E., Inc. of Jacksonville  Mailing Address c/o Dorian Carter 1732 Margaret St.  City Jacksonville State FL Zip Code 32204  Purpose of Disbursement Prior Period Void 10/02/2008  Candidate Name <span style="float: right;">Category/ Type</span>  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>Transaction ID:</b> D281077 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 9	Amount of Each Disbursement this Period  -492.20
<b>B.</b>	Full Name (Last, First, Middle Initial) Kristen Harper  Mailing Address 3750 Silver Bluff Blvd Apt 2406  City Orange Park State FL Zip Code 32065-4269  Purpose of Disbursement Prior Period Void 11/14/2008  Candidate Name <span style="float: right;">Category/ Type</span>  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>Transaction ID:</b> D281313 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 9	Amount of Each Disbursement this Period  -1894.21
<b>C.</b>	Full Name (Last, First, Middle Initial) Florence K Henley  Mailing Address 330 S Palo Alto Ave  City Panama City State FL Zip Code 32401  Purpose of Disbursement Prior Period Void 10/15/2008  Candidate Name <span style="float: right;">Category/ Type</span>  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>Transaction ID:</b> D281198 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 9	Amount of Each Disbursement this Period  -554.10

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	-2940.51
<b>TOTAL</b> This Period (last page this line number only) .....	

A. Form/Schedule : **SB30B**  
Transaction ID : **D281077**

Check issued in error. Event did not take place. Original disbursement on 10/2/08.

# SCHEDULE 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><b>A.</b> Full Name (Last, First, Middle Initial) Olivia Magowen</p> <p>Mailing Address 720 Park Ave.</p> <p>City New York State NY Zip Code 10021</p> <p>Purpose of Disbursement Prior Period Void 11/7/2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D281318 <b>Date of Disbursement</b> 11 / 04 / 2009</p> <p>Amount of Each Disbursement this Period -678.99</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Alvin McDavid</p> <p>Mailing Address 5751 NW 185 Street</p> <p>City Reddick State FL Zip Code 32686</p> <p>Purpose of Disbursement Prior Period Void 10/30/2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D281219 <b>Date of Disbursement</b> 11 / 04 / 2009</p> <p>Amount of Each Disbursement this Period -999.37</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Michael Misterek</p> <p>Mailing Address 2880 Irving Avenue S</p> <p>City Minneapolis State MN Zip Code 55408</p> <p>Purpose of Disbursement Prior Period Void 10/30/2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D281224 <b>Date of Disbursement</b> 11 / 04 / 2009</p> <p>Amount of Each Disbursement this Period -496.60</p>

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

-2174.96

**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)

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Peter W Montaner <hr/> Mailing Address 13 Linstead Rd <hr/> City Severna Park State MD Zip Code 21146 <hr/> Purpose of Disbursement Prior Period Void 10/15 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D281197 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period -134.56
	Category/ Type
	State: District:
<b>B.</b> Full Name (Last, First, Middle Initial) Florence Moss <hr/> Mailing Address 1250 N.E. 125th St., #420 <hr/> City North Miami State FL Zip Code 33161 <hr/> Purpose of Disbursement Prior Period Void 10/15/2008 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D281317 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period -1150.17
	Category/ Type
	State: District:
<b>C.</b> Full Name (Last, First, Middle Initial) Florence Moss <hr/> Mailing Address 1250 N.E. 125th St., #420 <hr/> City North Miami State FL Zip Code 33161 <hr/> Purpose of Disbursement Prior Period Void 10/15/2008 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D281194 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period -768.22
	Category/ Type
	State: District:

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	-2052.95
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

B. Form/Schedule : **SB30B**  
Transaction ID : **D281317**

Original disbursement made on 10/15/08.

C. Form/Schedule : **SB30B**  
Transaction ID : **D281194**

Original disbursement made on 10/17/08.

**SCHEDULE 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

<b>A.</b> Full Name (Last, First, Middle Initial) Aaron Myers <hr/> Mailing Address 200 S. Benton St. Apt. 101 <hr/> City Corsicano State TX Zip Code 75110 <hr/> Purpose of Disbursement Prior Period Void 11/30/2008 Candidate Name <input type="text"/>	Transaction ID: D281311 Date of Disbursement <input type="text"/> 11 / <input type="text"/> 04 / <input type="text"/> 2009 <hr/> Amount of Each Disbursement this Period <input type="text"/> -1967.13		
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type <input type="text"/>	
		Disbursement For:	
<b>B.</b> Full Name (Last, First, Middle Initial) Elizabeth P Pollart-Smith <hr/> Mailing Address 77 Pinebrook Dr <hr/> City Larchmont State NY Zip Code 10538-2519 <hr/> Purpose of Disbursement Prior Period Void 10/15/2008 Candidate Name <input type="text"/>	Transaction ID: D281193 Date of Disbursement <input type="text"/> 11 / <input type="text"/> 04 / <input type="text"/> 2009 <hr/> Amount of Each Disbursement this Period <input type="text"/> -459.67		
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type <input type="text"/>	
		Disbursement For:	
<b>C.</b> Full Name (Last, First, Middle Initial) Nick Rahall <hr/> Mailing Address 300 E. Prince St. <hr/> City Beckley State WV Zip Code 25801 <hr/> Purpose of Disbursement Prior Period Void 10/15/2008 Candidate Name <input type="text"/>	Transaction ID: D281196 Date of Disbursement <input type="text"/> 11 / <input type="text"/> 04 / <input type="text"/> 2009 <hr/> Amount of Each Disbursement this Period <input type="text"/> -719.78		
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type <input type="text"/>	
		Disbursement For:	

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

-3146.58

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input 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) Cynthia Rose	Transaction ID: D281292
	Mailing Address 1115 NE 4th St	Date of Disbursement MM / DD / YYYY 11 / 04 / 2009
	City Ocala State FL Zip Code 34470-5961	Amount of Each Disbursement this Period -321.55
	Purpose of Disbursement Prior Period Void 11/07/2008	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) Kurt Sackerman	Transaction ID: D281195
	Mailing Address 3616 Sugarloaf Ct.	Date of Disbursement MM / DD / YYYY 11 / 04 / 2009
	City Columbus State OH Zip Code 43212	Amount of Each Disbursement this Period -515.94
	Purpose of Disbursement Prior Period Void 10/15/2008	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) Andrew Shipley	Transaction ID: D281220
	Mailing Address 9 Westminister	Date of Disbursement MM / DD / YYYY 11 / 04 / 2009
	City Lake Oswego State OR Zip Code 97034	Amount of Each Disbursement this Period -772.40
	Purpose of Disbursement Prior Period Void 10/30/2008	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>-1609.89</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input 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><b>A.</b> Full Name (Last, First, Middle Initial) Jay Shuford</p> <p>Mailing Address 2802 Sarento Place</p> <p>City Palm Beach Gardens State FL Zip Code 33410</p> <p>Purpose of Disbursement Prior Period Void 10/15/2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D281199 <b>Date of Disbursement</b> 11 / 04 / 2009</p> <p>Amount of Each Disbursement this Period -1004.60</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jay Shuford</p> <p>Mailing Address 2802 Sarento Place</p> <p>City Palm Beach Gardens State FL Zip Code 33410</p> <p>Purpose of Disbursement Prior Period Void 11/07/2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D281291 <b>Date of Disbursement</b> 11 / 04 / 2009</p> <p>Amount of Each Disbursement this Period -466.55</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ashima Singal</p> <p>Mailing Address 1371 Hunter Cir</p> <p>City Naperville State IL Zip Code 60540-8382</p> <p>Purpose of Disbursement Prior Period Void 11/07/2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D281290 <b>Date of Disbursement</b> 11 / 04 / 2009</p> <p>Amount of Each Disbursement this Period -299.26</p>

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

-1770.41

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input 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><b>A.</b> Full Name (Last, First, Middle Initial) Mary Warren</p> <p>Mailing Address 11850 Dr. MLK JR #12106</p> <p>City Saint Petersburg State FL Zip Code 33716</p> <p>Purpose of Disbursement Prior Period Void 10/30/2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D281223 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period -277.05</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Amanda V Wilkerson</p> <p>Mailing Address 1616 McCaskill Ave</p> <p>City Tallahassee State FL Zip Code 32310</p> <p>Purpose of Disbursement Prior Period Void 10/30/2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D281216 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period -250.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Justin Willis</p> <p>Mailing Address 214 South Bronough St</p> <p>City Tallahassee State FL Zip Code 32301</p> <p>Purpose of Disbursement Prior Period Void 10/30/2009</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D281221 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period -728.65</p>

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

-1255.70

**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 58 / 83

<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)  
Justin Willis

Transaction ID: D281289

Date of Disbursement

Mailing Address 214 South Bronough St

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

City State Zip Code  
Tallahassee FL 32301

Amount of Each Disbursement this Period

-299.26
---------

Purpose of Disbursement  
Prion Period Void 11/07/2008

--

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

-299.26
---------

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

-23036.53
-----------

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 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 Orlando	State FL	ZIP Code 32837-8458	

Outstanding Balance Beginning This Period		<b>Transaction ID: D119404</b>	
18541.50			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	18541.50	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	18541.50
2) <b>TOTALS</b> This Period (last page this line number only).....	18541.50
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	18541.50

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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

<b>A. Full Name (Last, First, Middle Initial)</b> Anagram Corporation			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 310 W Jefferson St			Allocated Activity or Event Year-To-Date 1090610.87		
City Tallahassee	State FL	Zip Code 32301-1419	Date M M / D D / Y Y Y Y 1 1 / 1 1 / 2 0 0 9		
Purpose of Disbursement: Admin Lease/Rent			Transaction ID: D278722		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
620.81		2335.44		2956.25

<b>B. Full Name (Last, First, Middle Initial)</b> AT&T Mobility			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 538695			Allocated Activity or Event Year-To-Date 1090610.87		
City Atlanta	State GA	Zip Code 30353-8695	Date M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 9		
Purpose of Disbursement: Admin Internet			Transaction ID: D278607		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
14.77		55.57		70.34

<b>C. Full Name (Last, First, Middle Initial)</b> Aventura Worldwide			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 2025 NE 15th Court			Allocated Activity or Event Year-To-Date 1090610.87		
City North Miami Beach	State FL	Zip Code 33179	Date M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 9		
Purpose of Disbursement: Auto Travel			Transaction ID: D280249		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
131.32		493.99		625.31

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
766.90		2885.00		3651.90

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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

<b>A. Full Name (Last, First, Middle Initial)</b> Aventura Worldwide			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 2025 NE 15th Court			Allocated Activity or Event Year-To-Date 1090610.87	
City North Miami Beach	State FL	Zip Code 33179	Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 1 1 / 2 7 / 2 0 0 9 <b>Transaction ID:</b> D280250	
Purpose of Disbursement: Auto Travel				
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
131.32		493.99		625.31

<b>B. Full Name (Last, First, Middle Initial)</b> Blue Cross 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 4800 Deerwood Campus Pkwy			Allocated Activity or Event Year-To-Date 1090610.87	
City Jacksonville	State FL	Zip Code 32246-8273	Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 1 1 / 0 4 / 2 0 0 9 <b>Transaction ID:</b> D278627	
Purpose of Disbursement: Benefits				
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1266.06		4762.76		6028.82

<b>C. Full Name (Last, First, Middle Initial)</b> Blue State Digital, 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 734 15th Street, NW, Suite 1200			Allocated Activity or Event Year-To-Date 1090610.87	
City Washington	State DC	Zip Code 20005	Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 1 1 / 0 5 / 2 0 0 9 <b>Transaction ID:</b> D278631	
Purpose of Disbursement: Website				
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
299.09		1125.16		1424.25

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1696.47		6381.91		8078.38

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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

<b>A. Full Name (Last, First, Middle Initial)</b> Bullseye Interactive Media			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 700 7th St SE			Allocated Activity or Event Year-To-Date 1090610.87		
City Washington	State DC	Zip Code 20003-2739	Date <input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>		
Purpose of Disbursement: Internet Services			Transaction ID: D279930		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
950.00		4050.00		5000.00

<b>B. Full Name (Last, First, Middle Initial)</b> Capital Lanes			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 820 Capital Circle NE			Allocated Activity or Event Year-To-Date 1090610.87		
City Tallahassee	State FL	Zip Code 32301	Date <input type="text" value="11"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>		
Purpose of Disbursement: Meeting Expense			Transaction ID: D278856		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.93		26.07		33.00

<b>C. Full Name (Last, First, Middle Initial)</b> Continental Airlines			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 4607			Allocated Activity or Event Year-To-Date 1090610.87		
City Houston	State TX	Zip Code 77210-4607	Date <input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>		
Purpose of Disbursement: Air Travel			Transaction ID: D279964		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
110.29		414.91		525.20

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1067.22		4490.98		5558.20

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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

<b>A. Full Name (Last, First, Middle Initial)</b> DeltaCom1058			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P.O. Box 740597			Allocated Activity or Event Year-To-Date 1090610.87		
City Atlanta	State GA	Zip Code 30374-0597	Date <input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>		
Purpose of Disbursement: Admin. Telephone			Transaction ID: D278835		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
113.91		428.52		542.43

<b>B. Full Name (Last, First, Middle Initial)</b> Eddie Todd, Jr.			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 17623			Allocated Activity or Event Year-To-Date 1090610.87		
City Pensacola	State FL	Zip Code 32522-7623	Date <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>		
Purpose of Disbursement: Maintenance/Repairs			Transaction ID: D278619		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
840.00		3160.00		4000.00

<b>C. Full Name (Last, First, Middle Initial)</b> Embarq Communications Charlotte			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P. O. Box 96064			Allocated Activity or Event Year-To-Date 1090610.87		
City Charlotte	State NC	Zip Code 28296-0064	Date <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>		
Purpose of Disbursement: Admin Telephone			Transaction ID: D278613		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
126.59		476.23		602.82

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1080.50		4064.75		5145.25

**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

<b>A. Full Name (Last, First, Middle Initial)</b> Eric Perrott			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 704 G St NE Apt B			Allocated Activity or Event Year-To-Date 1090610.87		
City Washington	State DC	Zip Code 20002-3681	Date MM / DD / YYYY 11 / 04 / 2009		
Purpose of Disbursement: Consulting/IT			Transaction ID: D278836		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
210.00		790.00		1000.00

<b>B. Full Name (Last, First, Middle Initial)</b> Everest National Insurance Company			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P.O. Box 917807			Allocated Activity or Event Year-To-Date 1090610.87		
City Orlando	State FL	Zip Code 32891-7807	Date MM / DD / YYYY 11 / 04 / 2009		
Purpose of Disbursement: Benefits			Transaction ID: D278633		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
51.24		192.76		244.00

<b>C. Full Name (Last, First, Middle Initial)</b> Hampton Inn 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 9336 Civic Center Drive			Allocated Activity or Event Year-To-Date 1090610.87		
City Beverly Hills	State CA	Zip Code 90210	Date MM / DD / YYYY 11 / 19 / 2009		
Purpose of Disbursement: Admin. Lodging			Transaction ID: D279963		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
20.93		78.75		99.68

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
282.17		1061.51		1343.68

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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

<b>A. Full Name (Last, First, Middle Initial)</b> Intermedia.Net			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 156 W. 56th St., Suite 1601			Allocated Activity or Event Year-To-Date 1090610.87		
City NY	State NY	Zip Code 10019	Date <input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>		
Purpose of Disbursement: Admin Internet			Transaction ID: D278682		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
70.32		264.53		334.85

<b>B. Full Name (Last, First, Middle Initial)</b> Internal Revenue Service 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 PO Box 409101			Allocated Activity or Event Year-To-Date 1090610.87		
City Ogden	State UT	Zip Code 84409-9101	Date <input type="text" value="11"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>		
Purpose of Disbursement: Payroll Tax			Transaction ID: D278716		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
443.02		1888.69		2331.71

<b>C. Full Name (Last, First, Middle Initial)</b> Intuit			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 513340			Allocated Activity or Event Year-To-Date 1090610.87		
City Los Angeles	State CA	Zip Code 90051-3340	Date <input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>		
Purpose of Disbursement: Admin. Office Supplies			Transaction ID: D279962		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
34.53		129.90		164.43

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
547.87		2283.12		2830.99

**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

<b>A. Full Name (Last, First, Middle Initial)</b> Microsoft Office			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1 Microsoft Way			Allocated Activity or Event Year-To-Date 1090610.87	
City	State	Zip Code	Category/ Type	
Redmond	WA	78507		
Purpose of Disbursement: Admin. Office Supplies			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 1 1 / 0 2 / 2 0 0 9 <b>Transaction ID:</b> D280254	
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
42.00		157.99		199.99

<b>B. Full Name (Last, First, Middle Initial)</b> Microsoft Office			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1 Microsoft Way			Allocated Activity or Event Year-To-Date 1090610.87	
City	State	Zip Code	Category/ Type	
Redmond	WA	78507		
Purpose of Disbursement: Admin. Office Supplies			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 1 1 / 0 2 / 2 0 0 9 <b>Transaction ID:</b> D280255	
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
99.74		375.20		474.94

<b>C. Full Name (Last, First, Middle Initial)</b> Osmond Johnson Janitorial Service			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 24131 Lake Talquin Drive			Allocated Activity or Event Year-To-Date 1090610.87	
City	State	Zip Code	Category/ Type	
Tallahassee	FL	32310-4603		
Purpose of Disbursement: Janitorial Service			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 1 1 / 0 4 / 2 0 0 9 <b>Transaction ID:</b> D278612	
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
267.74		1007.19		1274.93

**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)**  
Payroll Matters

Mailing Address  
2069 North Monroe Street

City Tallahassee	State FL	Zip Code 32303	Category/ Type
Purpose of Disbursement: Payroll Tax			

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  
1090610.87

Date  /  /   
**Transaction ID:** D278929

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1280.05		4815.41		6095.46

**B. Full Name (Last, First, Middle Initial)**  
Payroll Matters

Mailing Address  
2069 North Monroe Street

City Tallahassee	State FL	Zip Code 32303	Category/ Type
Purpose of Disbursement: Payroll Fees			

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  
1090610.87

Date  /  /   
**Transaction ID:** D278930

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8.40		31.60		40.00

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

Mailing Address  
2069 North Monroe Street

City Tallahassee	State FL	Zip Code 32303	Category/ Type
Purpose of Disbursement: Payroll Tax			

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  
1090610.87

Date  /  /   
**Transaction ID:** D279980

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1264.79		4758.04		6022.83

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2553.24		9605.05		12158.29

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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

<b>A. Full Name (Last, First, Middle Initial)</b> Payroll Matters			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2069 North Monroe Street			Allocated Activity or Event Year-To-Date 1090610.87	
City Tallahassee	State FL	Zip Code 32303		
Purpose of Disbursement: Payroll Fee			Category/ Type	
Activity or Event Identifier: Administrative			Date <input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2009"/> <b>Transaction ID:</b> D279981	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.77		29.23		37.00

<b>B. Full Name (Last, First, Middle Initial)</b> Ricoh Americas Corporation			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 21146 Network Place			Allocated Activity or Event Year-To-Date 1090610.87	
City Chicago	State IL	Zip Code 60673-1211		
Purpose of Disbursement: Admin. Lease/Rent			Category/ Type	
Activity or Event Identifier: Administrative			Date <input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2009"/> <b>Transaction ID:</b> D279518	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
82.03		308.59		390.62

<b>C. Full Name (Last, First, Middle Initial)</b> 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 1090610.87	
City Cincinnati	State OH	Zip Code 45274-2596		
Purpose of Disbursement: Admin Cell Phone			Category/ Type	
Activity or Event Identifier: Administrative			Date <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2009"/> <b>Transaction ID:</b> D278614	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
33.94		144.67		178.61

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
123.74		482.49		606.23

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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

<b>A. Full Name (Last, First, Middle Initial)</b> UPS			<b>Type of Allocated Activity:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 7247-0244			Allocated Activity or Event Year-To-Date 1090610.87	
City Philadelphia	State PA	Zip Code 19170-0001	Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 1 1 / 1 1 / 2 0 0 9 <b>Transaction ID:</b> D278724	
Purpose of Disbursement: Admin Shipping				
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.34		20.08		25.42

<b>B. Full Name (Last, First, Middle Initial)</b> Wal-Mart			<b>Type of Allocated Activity:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 7000 Marina Blvd			Allocated Activity or Event Year-To-Date 1090610.87	
City Brisbane	State CA	Zip Code 94005-1815	Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 1 1 / 0 6 / 2 0 0 9 <b>Transaction ID:</b> D279912	
Purpose of Disbursement: Admin. Office Supplies				
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
21.66		81.48		103.14

<b>C. Full Name (Last, First, Middle Initial)</b> Scott Arceneaux			<b>Type of Allocated Activity:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1544 Lorimier Road			Allocated Activity or Event Year-To-Date 1090610.87	
City Jacksonville	State FL	Zip Code 32207	Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 1 1 / 0 3 / 2 0 0 9 <b>Transaction ID:</b> D278605	
Purpose of Disbursement: Staff Reimbursement				
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
155.40		584.60		740.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
182.40		686.16		868.56

**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)**  
Polos on Park

Mailing Address  
2626 Park Ave

City State Zip Code  
Tallahassee FL 32301

Purpose of Disbursement:  
Travel/Lodging

Category/  
Type

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1090610.87

Activity or Event Identifier:  
Administrative

**[MEMO ITEM]**

Date 11 / 03 / 2009

Transaction ID: D278606

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
155.40		584.60		740.00

**B. Full Name (Last, First, Middle Initial)**  
Karen L. Thurman

Mailing Address  
9067 S.W. 190th Ave., Rd.

City State Zip Code  
Dunnellon FL 34423

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

1090610.87

Activity or Event Identifier:  
Administrative

Date 11 / 04 / 2009

Transaction ID: D278608

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
252.00		948.00		1200.00

**C. Full Name (Last, First, Middle Initial)**  
Doverree Properties, LLC

Mailing Address  
Attn: Mr. Leonard Pepper 310 W. Jefferson St.

City State Zip Code  
Tallahassee FL 32301-1419

Purpose of Disbursement:  
Lodging

Category/  
Type

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1090610.87

Activity or Event Identifier:  
Administrative

**[MEMO ITEM]**

Date 11 / 04 / 2009

Transaction ID: D278609

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
252.00		948.00		1200.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
252.00		948.00		1200.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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

<b>A. Full Name (Last, First, Middle Initial)</b> Eric Jotkoff			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 3607 Eagle Nest Court			Allocated Activity or Event Year-To-Date 1090610.87		
City Melbourne	State FL	Zip Code 32904	Date <input type="text" value="11"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>		
Purpose of Disbursement: Staff Reimbursement			Transaction ID: D278725		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
55.53		208.90		264.43

<b>B. Full Name (Last, First, Middle Initial)</b> CVS Pharmacy			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 1708 N Monroe St			Allocated Activity or Event Year-To-Date 1090610.87		
City Tallahassee	State FL	Zip Code 32303-5535	Date <input type="text" value="11"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>		
Purpose of Disbursement: Admin. Office Supplies			Transaction ID: D278727		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.31		8.68		10.99

<b>C. Full Name (Last, First, Middle Initial)</b> Eric Jotkoff			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 3607 Eagle Nest Court			Allocated Activity or Event Year-To-Date 1090610.87		
City Melbourne	State FL	Zip Code 32904	Date <input type="text" value="11"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>		
Purpose of Disbursement: Auto Travel			Transaction ID: D278726		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
53.22		200.22		253.44

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
55.53		208.90		264.43

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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

<b>A. Full Name (Last, First, Middle Initial)</b> Ms. Christina Boltin			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P. O. Box 10302			Allocated Activity or Event Year-To-Date 1090610.87		
City Tallahassee	State FL	Zip Code 32302	Date M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 9		
Purpose of Disbursement: Staff Reimbursement			Transaction ID: D278837		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
25.20		94.80		120.00

<b>B. Full Name (Last, First, Middle Initial)</b> Verizon Wireless			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 660108			Allocated Activity or Event Year-To-Date 1090610.87		
City Dallas	State TX	Zip Code 75266	Date M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 9		
Purpose of Disbursement: Admin Cell Phone			Transaction ID: D278838		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
25.20		94.80		120.00

<b>C. Full Name (Last, First, Middle Initial)</b> Payroll Matters			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2069 North Monroe Street			Allocated Activity or Event Year-To-Date 1090610.87		
City Tallahassee	State FL	Zip Code 32303	Date M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 9		
Purpose of Disbursement: Payroll			Transaction ID: D278928		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3662.63		13778.47		17441.10

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3687.83		13873.27		17561.10

**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)**  
Ms. Christina Boltin

Mailing Address  
P. O. Box 10302

City State Zip Code  
Tallahassee FL 32302

Purpose of Disbursement:  
Salary

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

1090610.87

Activity or Event Identifier:  
Administrative

**[MEMO ITEM]**

Date 11 / 15 / 2009

Transaction ID: D278931

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
342.93		1290.07		1633.00

**B. Full Name (Last, First, Middle Initial)**  
Eric Jotkoff

Mailing Address  
3607 Eagle Nest Court

City State Zip Code  
Melbourne FL 32904

Purpose of Disbursement:  
Salary

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

1090610.87

Activity or Event Identifier:  
Administrative

**[MEMO ITEM]**

Date 11 / 15 / 2009

Transaction ID: D278932

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
333.09		1253.07		1586.16

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

Mailing Address  
9886 N Kendall Dr Apt H113

City State Zip Code  
Miami FL 33176-1839

Purpose of Disbursement:  
Salary

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

1090610.87

Activity or Event Identifier:  
Administrative

**[MEMO ITEM]**

Date 11 / 15 / 2009

Transaction ID: D278934

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
188.02		707.33		895.35

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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

**A. Full Name (Last, First, Middle Initial)**  
Libby Presnell

Mailing Address  
2125 E. Dellview Rd.

City State Zip Code  
Tallahassee FL 32303

Purpose of Disbursement:  
Salary

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

1090610.87

Activity or Event Identifier:  
Administrative

[MEMO ITEM]

Date 11 / 15 / 2009

Transaction ID: D278935

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
273.05		1027.18		1300.23

**B. Full Name (Last, First, Middle Initial)**  
Marilyn Waters

Mailing Address  
2107 Scenic Road

City State Zip Code  
Tallahassee FL 32303

Purpose of Disbursement:  
Salary

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

1090610.87

Activity or Event Identifier:  
Administrative

[MEMO ITEM]

Date 11 / 15 / 2009

Transaction ID: D278940

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.76		29.18		36.94

**C. Full Name (Last, First, Middle Initial)**  
Mildred O. Smith

Mailing Address  
3550 Esplanade Way, #8107

City State Zip Code  
Tallahassee FL 32811

Purpose of Disbursement:  
Salary

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

1090610.87

Activity or Event Identifier:  
Administrative

[MEMO ITEM]

Date 11 / 15 / 2009

Transaction ID: D278937

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
291.45		1096.39		1387.84

**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)**  
Ms. Anne O Morgan

Mailing Address  
741 W Keller St

City	State	Zip Code
Hernando	FL	34442-8810

Purpose of Disbursement:  
Salary

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

1090610.87

Activity or Event Identifier:  
Administrative

**[MEMO ITEM]**

Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	9

Transaction ID: D278933

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
564.40		2123.22		2687.62

**B. Full Name (Last, First, Middle Initial)**  
Nicholas Pellito

Mailing Address  
445 Appleyard Drive #A2-5

City	State	Zip Code
Tallahassee	FL	32304

Purpose of Disbursement:  
Salary

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

1090610.87

Activity or Event Identifier:  
Administrative

**[MEMO ITEM]**

Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	9

Transaction ID: D278938

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
132.81		499.63		632.44

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

Mailing Address  
1544 Lorimier Road

City	State	Zip Code
Jacksonville	FL	32207

Purpose of Disbursement:  
Salary

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

1090610.87

Activity or Event Identifier:  
Administrative

**[MEMO ITEM]**

Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	9

Transaction ID: D278936

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
847.73		3189.09		4036.82

**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)**  
Karen L. Thurman

Mailing Address  
9067 S.W. 190th Ave., Rd.

City	State	Zip Code
Dunnellon	FL	34423

Purpose of Disbursement:  
Salary

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  
1090610.87

Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	9

  
Transaction ID: D278939

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
681.39		2563.31		3244.70

**B. Full Name (Last, First, Middle Initial)**  
Payroll Matters

Mailing Address  
2069 North Monroe Street

City	State	Zip Code
Tallahassee	FL	32303

Purpose of Disbursement:  
Payroll

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  
1090610.87

Date 

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

  
Transaction ID: D279979

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3519.16		13238.75		16757.91

**C. Full Name (Last, First, Middle Initial)**  
Ms. Christina Boltin

Mailing Address  
P. O. Box 10302

City	State	Zip Code
Tallahassee	FL	32302

Purpose of Disbursement:  
Salary

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  
1090610.87

Date 

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

  
Transaction ID: D279982

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
342.93		1290.08		1633.01

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3519.16		13238.75		16757.91

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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

**A. Full Name (Last, First, Middle Initial)**  
Eric Jotkoff

Mailing Address  
3607 Eagle Nest Court

City State Zip Code  
Melbourne FL 32904

Purpose of Disbursement:  
Salary

Category/  
Type

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  
1090610.87

Date 11 / 30 / 2009

Transaction ID: D279983

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
333.09		1253.06		1586.15

**B. Full Name (Last, First, Middle Initial)**  
Libby Presnell

Mailing Address  
2125 E. Dellview Rd.

City State Zip Code  
Tallahassee FL 32303

Purpose of Disbursement:  
Salary

Category/  
Type

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  
1090610.87

Date 11 / 30 / 2009

Transaction ID: D279985

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
273.05		1027.17		1300.22

**C. Full Name (Last, First, Middle Initial)**  
Mildred O. Smith

Mailing Address  
3550 Esplanade Way, #8107

City State Zip Code  
Tallahassee FL 32811

Purpose of Disbursement:  
Salary

Category/  
Type

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  
1090610.87

Date 11 / 30 / 2009

Transaction ID: D279986

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
291.45		1096.40		1387.85

**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)**  
Ms. Anne O Morgan

Mailing Address  
741 W Keller St

City	State	Zip Code
Hernando	FL	34442-8810

Purpose of Disbursement:  
Salary

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

1090610.87

Activity or Event Identifier:  
Administrative

[MEMO ITEM]

Date 

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

Transaction ID: D279984

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
564.40		2123.23		2687.63

**B. Full Name (Last, First, Middle Initial)**  
Nicholas Pellito

Mailing Address  
445 Appleyard Drive #A2-5

City	State	Zip Code
Tallahassee	FL	32304

Purpose of Disbursement:  
Salary

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

1090610.87

Activity or Event Identifier:  
Administrative

[MEMO ITEM]

Date 

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

Transaction ID: D279988

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
185.12		696.39		881.51

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

Mailing Address  
1544 Lorimier Road

City	State	Zip Code
Jacksonville	FL	32207

Purpose of Disbursement:  
Salary

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

1090610.87

Activity or Event Identifier:  
Administrative

[MEMO ITEM]

Date 

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

Transaction ID: D279987

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
847.73		3189.10		4036.83

**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)**  
Karen L. Thurman

Mailing Address  
9067 S.W. 190th Ave., Rd.

City Dunnellon	State FL	Zip Code 34423	Category/ Type
Purpose of Disbursement: Salary			

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  
1090610.87

Date  /  /   
**Transaction ID:** D279989

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
681.39		2563.32		3244.71

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

Mailing Address  
9886 N Kendall Dr Apt H113

City Miami	State FL	Zip Code 33176-1839	Category/ Type
Purpose of Disbursement: Staff Reimbursement			

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
1090610.87

Date  /  /   
**Transaction ID:** D280070

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
25.20		94.80		120.00

**C. Full Name (Last, First, Middle Initial)**  
AT&T Mobility

Mailing Address  
PO Box 538695

City Atlanta	State GA	Zip Code 30353-8695	Category/ Type
Purpose of Disbursement: Admin. Cell Phone			

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  
1090610.87

Date  /  /   
**Transaction ID:** D280071

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
25.20		94.80		120.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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

<b>A. Full Name (Last, First, Middle Initial)</b> Scott Arceneaux			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1544 Lorimier Road			Allocated Activity or Event Year-To-Date 1090610.87		
City Jacksonville	State FL	Zip Code 32207	Date <input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>		
Purpose of Disbursement: Staff Reimbursement			Transaction ID: D280072		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="40.57"/>		<input type="text" value="152.61"/>		<input type="text" value="193.18"/>

<b>B. Full Name (Last, First, Middle Initial)</b> Shula's 347			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 415 N Monroe St			Allocated Activity or Event Year-To-Date 1090610.87		
City Tallahassee	State FL	Zip Code 32301-1257	Date <input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>		
Purpose of Disbursement: Dinner Meeting			Transaction ID: D280073		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="40.57"/>		<input type="text" value="152.61"/>		<input type="text" value="193.18"/>

<b>C. Full Name (Last, First, Middle Initial)</b> Karen L. Thurman			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 9067 S.W. 190th Ave., Rd.			Allocated Activity or Event Year-To-Date 1090610.87		
City Dunnellon	State FL	Zip Code 34423	Date <input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>		
Purpose of Disbursement: Staff Reimbursement			Transaction ID: D280085		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="95.34"/>		<input type="text" value="358.68"/>		<input type="text" value="454.02"/>

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="135.91"/>		<input type="text" value="511.29"/>		<input type="text" value="647.20"/>

**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
<input type="text"/>		<input type="text"/>		<input type="text"/>

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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

<b>A. Full Name (Last, First, Middle Initial)</b> Harry's Bar & Grill			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 301 S. Bronough St.			Allocated Activity or Event Year-To-Date 1090610.87	
City Tallahassee	State FL	Zip Code 32301		
Purpose of Disbursement: Dinner Meeting			Category/ Type	
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>			Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> 1 1 / 1 9 / 2 0 0 9 <b>Transaction ID:</b> D280087	

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
19.81	+	74.51	=	94.32

<b>B. Full Name (Last, First, Middle Initial)</b> Karen L. Thurman			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 9067 S.W. 190th Ave., Rd.			Allocated Activity or Event Year-To-Date 1090610.87	
City Dunnellon	State FL	Zip Code 34423		
Purpose of Disbursement: Mileage			Category/ Type	
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>			Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> 1 1 / 1 9 / 2 0 0 9 <b>Transaction ID:</b> D280086	

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
75.54	+	284.16	=	359.70

<b>C. Full Name (Last, First, Middle Initial)</b> 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 1090610.87	
City Hernando	State FL	Zip Code 34442-8810		
Purpose of Disbursement: Staff Reimbursement			Category/ Type	
Activity or Event Identifier: Administrative			Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> 1 1 / 1 9 / 2 0 0 9 <b>Transaction ID:</b> D280216	

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
775.15	+	2916.05	=	3691.20

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
775.15	+	2916.05	=	3691.20

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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

<b>A. Full Name (Last, First, Middle Initial)</b> Blue Cross 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 4800 Deerwood Campus Pkwy			Allocated Activity or Event Year-To-Date 1090610.87		
City Jacksonville	State FL	Zip Code 32246-8273	Date MM / DD / YYYY 11 / 19 / 2009		
Purpose of Disbursement: Benefits			Transaction ID: D280220		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
630.00		2370.00		3000.00

<b>B. Full Name (Last, First, Middle Initial)</b> 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 1090610.87		
City Hernando	State FL	Zip Code 34442-8810	Date MM / DD / YYYY 11 / 19 / 2009		
Purpose of Disbursement: Mileage			Transaction ID: D280227		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
145.15		546.05		691.20

**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
17019.03		64739.22		81758.25

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

**AGGREGATION PAGE: LEVIN FUNDS**

Transaction ID: SchedL1

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

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