

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

ADDRESS (number and street) 214 South Bronough Street  
Check if different than previously reported. (ACC) Tallahassee FL 32302

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

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

5. Covering Period 11 25 2008 through 12 31 2008

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 26 2009

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

Report Covering the Period: From: 

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; vertical-align: middle;"><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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		283794.91
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	626802.58									
(c) Total Receipts (from Line 19) .....	137948.04	22791779.76								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	764750.62	23075574.67								
7. Total Disbursements (from Line 31) .....	503843.23	22814667.28								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	260907.39	260907.39								
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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

Report Covering the Period: From: 

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	29984.82	868415.78
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	46375.91	166487.12
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	76360.73	1034902.90
(b) Political Party Committees .....	3350.00	8326925.31
(c) Other Political Committees (such as PACs) .....	0.00	228129.83
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	79710.73	9589958.04
12. Transfers From Affiliated/Other Party Committees .....	45990.00	11940490.68
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) .....	11825.77	136893.28
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	1150.02
17. Other Federal Receipts (Dividends, Interest, etc.) .....	421.54	326978.90
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	796308.84
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	796308.84
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	137948.04	22791779.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	137948.04	21995470.92

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	37577.33	440495.58
(ii) Non-Federal Share.....	96627.38	1227832.11
(b) Other Federal Operating Expenditures.....	340229.02	9023118.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	474433.73	10691445.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	35000.00
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	115258.06
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 .....	288.00	1438.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	10000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	288.00	11438.00
29. Other Disbursements.....	3000.00	4250.00
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 .....	26121.50	11957275.42
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	26121.50	11957275.42
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	503843.23	22814667.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	407215.85	21586835.17

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	79710.73	9589958.04
34. Total Contribution Refunds (from Line 28(d)) .....	288.00	11438.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	79422.73	9578520.04
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	377806.35	9463613.69
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	11825.77	136893.28
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	365980.58	9326720.41

Form/Schedule : **F3XA**

Transaction ID :

The Committee is in receipt of your letter dated, April 24, 2009, referencing the 2009 Year End Report. The Committee's response is as follows: 1. The memo schedules for ASDC/Dollars for Democrats are now correctly reflected on the report. 2. The contributions from Doren and Durham were below the itemization threshold and were included in the un-itemized total. The missing contribution for Opper has been included. The refund to Sands was remitted out of the federal account in error. The payment has been re-classed to the correct schedule. 3. The payments for Printing/Graphics, Printing, Printing Flyers, Signs/Stickers listed on Line 21b have been given more detailed purpose codes and, if FEA, re-classed to line 30b. 4. The payments for Catering Expense, Event Expense, Event Supplies, Site Expense, Site Rental listed on Line 21b have been given more detailed purpose codes and, if FEA, re-classed to line 30b. 5. The payroll and related expenses listed on H4 were for staff that spent less than 25% of their time on FEA or in connection with a federal election. 6. The receipts and payment to/from federal committees have been re-classed to report on the correct schedules.

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 168

(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)

Arlene Alliegood

Mailing Address 500 G Street SE

City State Zip Code  
Washington DC 20003

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

Name of Employer Self Occupation  
Cuba Specialist

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

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 8

Transaction ID: C3159071

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Donna M. Andrews

Mailing Address 1245 13th Ave N

City State Zip Code  
Naples FL 34102-5241

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

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 8

Transaction ID: C3158508

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Elizabeth Booth

Mailing Address 4060 Ashmore Pl

City State Zip Code  
Pensacola FL 32503

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

Name of Employer Self Occupation  
Attorney

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

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

Transaction ID: C3110496

Amount of Each Receipt this Period

250.00

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

1000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 168  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Ronald & Sharon Burde

Mailing Address 616 Bayport Way

City State Zip Code  
Longboat Key FL 34228

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 ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 8

**Transaction ID:** C3158107

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
W. Thomas & Katherin Cook

Mailing Address 7869 Estrella Ct

City State Zip Code  
Sarasota FL 34238

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 ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 8

**Transaction ID:** C3159075

Amount of Each Receipt this Period  
300.00

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

Mailing Address 1330 Main Street apt 5

City State Zip Code  
Sarasota FL 34236

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 ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 8

**Transaction ID:** C3158108

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1800.00**

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

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

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

FOR LINE NUMBER: PAGE 9 / 168  
(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)  
Teri Curry

Mailing Address 8739 Autumn Green Dr

City State Zip Code  
Jacksonville FL 32256

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

Name of Employer Occupation  
SVP Chief Accounting Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
12 / 05 / 2008

**Transaction ID:** C3157982

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
District Government Employees

Mailing Address 2000 14th St. NW

City State Zip Code  
Washington DC 20009

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt  
MM / DD / YYYY  
12 / 11 / 2008

**Transaction ID:** C3168664

Amount of Each Receipt this Period  
1400.00

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

Mailing Address 300 Murray Road

City State Zip Code  
West Palm Beach FL 33405

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

Name of Employer Occupation  
OCWEN FINANCIAL CORP Senior Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 432.00

Date of Receipt  
MM / DD / YYYY  
12 / 02 / 2008

**Transaction ID:** C3111926

Amount of Each Receipt this Period  
416.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2116.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 168

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
Alan Ehrlich

Mailing Address 9411 NW 10th St

City	State	Zip Code
Plantation	FL	33322-4801

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

Name of Employer Self	Occupation Attorney
--------------------------	------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 8

Transaction ID: C3109396

Amount of Each Receipt this Period  
50.00

B.

Full Name (Last, First, Middle Initial)  
Alan Ehrlich

Mailing Address 9411 NW 10th St

City	State	Zip Code
Plantation	FL	33322-4801

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

Name of Employer Self	Occupation Attorney
--------------------------	------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 8

Transaction ID: C3158767

Amount of Each Receipt this Period  
500.00

C.

Full Name (Last, First, Middle Initial)  
Florida Department of Financial Services

Mailing Address 200 E Gaines St

City	State	Zip Code
Tallahassee	FL	32399-6502

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

Name of Employer	Occupation
------------------	------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 15771.82
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Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

Transaction ID: C3112243

Amount of Each Receipt this Period  
15771.82

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

16321.82

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 168  
(check only one)

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

**A.**

Full Name (Last, First, Middle Initial) Ingrid Fluellen		Date of Receipt MM / DD / YYYY 12 / 05 / 2008
Mailing Address 8291 Dames Point Crossing Point Bl Apt 5107		<b>Transaction ID:</b> C3158038
City Jacksonville	State FL	Zip Code 32277
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer Edward Waters College	Occupation Instructor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

**B.**

Full Name (Last, First, Middle Initial) Ingrid Fluellen		Date of Receipt MM / DD / YYYY 12 / 05 / 2008
Mailing Address 8291 Dames Point Crossing Point Bl Apt 5107		<b>Transaction ID:</b> C3158040
City Jacksonville	State FL	Zip Code 32277
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Edward Waters College	Occupation Instructor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

**C.**

Full Name (Last, First, Middle Initial) George Hardy		Date of Receipt MM / DD / YYYY 12 / 05 / 2008
Mailing Address 6718 Willow Pond Ln		<b>Transaction ID:</b> C3159092
City Sarasota	State FL	Zip Code 34240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	435.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 12 / 168  
(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)  
Virginia Higgins  
Mailing Address 162 Barbados Dr  
City State Zip Code  
Jupiter FL 33458  
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 ▼ 252.00  
Date of Receipt 12 / 09 / 2008  
Transaction ID: C3171264  
Amount of Each Receipt this Period 132.00

**B.** Full Name (Last, First, Middle Initial)  
Virginia Higgins  
Mailing Address 162 Barbados Dr  
City State Zip Code  
Jupiter FL 33458  
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 ▼ 252.00  
Date of Receipt 12 / 09 / 2008  
Transaction ID: C3171272  
Amount of Each Receipt this Period 120.00

**C.** Full Name (Last, First, Middle Initial)  
Barbara & Richard W. Johnson  
Mailing Address 1800 Webber St  
City State Zip Code  
Sarasota FL 34239-4518  
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 ▼ 407.50  
Date of Receipt 11 / 25 / 2008  
Transaction ID: C3111499  
Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 452.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 13 / 168  
(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)  
Barbara & Richard W. Johnson

Mailing Address 1800 Webber St

City State Zip Code  
Sarasota FL 34239-4518

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 ▼ 407.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

**Transaction ID:** C3111500

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Gerald & Nancy Kaplan

Mailing Address 99 Sunset Dr  
Apt 401

City State Zip Code  
Sarasota FL 34236-5588

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 ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

**Transaction ID:** C3111501

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Gerald & Nancy Kaplan

Mailing Address 99 Sunset Dr  
Apt 401

City State Zip Code  
Sarasota FL 34236-5588

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 ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

**Transaction ID:** C3111502

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 168

(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)

Joan Kindred

Mailing Address 8033 Via Fiore

City State Zip Code  
Sarasota FL 34238-5584

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

Name of Employer Occupation  
Retired Retired

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

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 5 / 2 0 0 8

Transaction ID: C3157970

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)

Cindy Lerner

Mailing Address 5901 Moss Ranch Rd

City State Zip Code  
Miami FL 33156-5636

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

Name of Employer Occupation  
Self Attorney

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

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

Transaction ID: C3171717

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)

Al Maloof

Mailing Address 558 Loretto Ave.

City State Zip Code  
Coral Gables FL 33146

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

Name of Employer Occupation  
GJB Consulting LLC Managing Director

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

Transaction ID: C3112244

Amount of Each Receipt this Period  
1600.00

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

2125.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 168  
(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)  
Lisa Mendelowitz

Mailing Address 2605 W. Morrison

City Tampa State FL Zip Code 33629

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt 12 / 05 / 2008

**Transaction ID:** C3156086

Amount of Each Receipt this Period 5.00

**B.** Full Name (Last, First, Middle Initial)  
Linda & Steven Middlebrook

Mailing Address 4196 Yankee Ave

City Cresco State IA Zip Code 52136

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

Name of Employer Self Occupation Farmer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 12 / 05 / 2008

**Transaction ID:** C3159104

Amount of Each Receipt this Period 2000.00

**C.** Full Name (Last, First, Middle Initial)  
Elizabeth & Raymond Miller

Mailing Address 6805 SW 98th St

City Miami State FL Zip Code 33156

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

Name of Employer ERC, Inc. Occupation Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 05 / 2008

**Transaction ID:** C3158174

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2255.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 168  
(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)  
Becky Moncur

Mailing Address 14078 Mahogany Ave

City State Zip Code  
Jacksonville FL 32258-5511

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 ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 8

Transaction ID: C3111543

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Gregory Newton

Mailing Address 18901 Black Gum Ct

City State Zip Code  
Jupiter FL 33458

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

Name of Employer Sears Occupation Director of Stores

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 8

Transaction ID: C3171941

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Emily O'Mahoney

Mailing Address 18834 Sweet Gum Ct

City State Zip Code  
Jupiter FL 33458

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

Name of Employer Gentile Holloway & Maury Occupation Landscape Architect

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 8

Transaction ID: C3159480

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 168  
(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)  
Emily O'Mahoney

Mailing Address 18834 Sweet Gum Ct

City State Zip Code  
Jupiter FL 33458

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

Name of Employer Occupation  
Gentile Holloway & Maury Landscape Architect

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
MM / DD / YYYY  
12 / 11 / 2008

**Transaction ID:** C3171938

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Emily O'Mahoney

Mailing Address 18834 Sweet Gum Ct

City State Zip Code  
Jupiter FL 33458

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

Name of Employer Occupation  
Gentile Holloway & Maury Landscape Architect

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
MM / DD / YYYY  
12 / 11 / 2008

**Transaction ID:** C3171948

Amount of Each Receipt this Period  
80.00

**C.**

Full Name (Last, First, Middle Initial)  
Cindy & James Osmond

Mailing Address 1104 92nd St NW

City State Zip Code  
Bradenton FL 34209

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

Name of Employer Occupation  
CM Corporation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
11 / 25 / 2008

**Transaction ID:** C3111512

Amount of Each Receipt this Period  
400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **580.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 168  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
June Paule

Mailing Address 755 Lynwood Ct

City Merritt Island State FL Zip Code 32953

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

Name of Employer Information Requested Occupation  
Writer-Singer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 367.50

Date of Receipt  
MM / DD / YYYY  
12 / 05 / 2008

**Transaction ID:** C3110154

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Paul Rubenstein

Mailing Address 2030 NE 29th Court

City Fort Lauderdale State FL Zip Code 33306

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

Name of Employer Information Requested Occupation  
21st Century Oncology Medical Admin.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
MM / DD / YYYY  
11 / 28 / 2008

**Transaction ID:** C3155793

Amount of Each Receipt this Period  
50.00

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

Mailing Address 2030 NE 29th Court

City Fort Lauderdale State FL Zip Code 33306

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

Name of Employer Information Requested Occupation  
21st Century Oncology Medical Admin.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
MM / DD / YYYY  
12 / 28 / 2008

**Transaction ID:** C3171722

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 150.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 168  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Zuhair Shahly

Mailing Address 7736 Shelter Wood Ct.

City State Zip Code  
Jacksonville FL 32256

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

Name of Employer Self Occupation Realty

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
12 / 11 / 2008

**Transaction ID:** C3168666

Amount of Each Receipt this Period  
350.00

**B.**

Full Name (Last, First, Middle Initial)  
Marsha Sherman

Mailing Address 3320 Westmoreland Dr

City State Zip Code  
Tampa FL 33618-2161

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

Name of Employer Self Occupation Financial Advisor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 737.00

Date of Receipt  
MM / DD / YYYY  
12 / 05 / 2008

**Transaction ID:** C3158248

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Ann Southwick Southwick Richman

Mailing Address 7403 W Sunrise Blvd Apt D1

City State Zip Code  
Plantation FL 33313-4437

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

Name of Employer Self Occupation Psychologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
12 / 02 / 2008

**Transaction ID:** C3111567

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>700.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>29984.82</b>

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

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

FOR LINE NUMBER: PAGE 20 / 168  
(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 ▼  
11909079.06

Date of Receipt  

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

Transaction ID: C3232399

Amount of Each Receipt this Period  
3350.00

\* In-Kind: Voter File Access

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3350.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	3350.00

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

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

FOR LINE NUMBER: PAGE 21 / 168  
(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)  
MARY AANGEENBRUG  
Mailing Address 2701 BEACH BLVD S  
City State Zip Code  
GULFPORT FL 33707  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation  
RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
150.00  
Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8  
Transaction ID: C3316501  
Amount of Each Receipt this Period  
150.00  
[MEMO ITEM]  
\* Dollars For Democrats

**B.** Full Name (Last, First, Middle Initial)  
AFL-CIO COPE Political Contributions Committee  
Mailing Address 815 16th Street, NW  
City State Zip Code  
Washington DC 20006  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
1315.79  
Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 5 / 2 0 0 8  
Transaction ID: C3317679  
Amount of Each Receipt this Period  
1315.79  
[MEMO ITEM]  
\* ASDC Joint Fundraiser

**C.** Full Name (Last, First, Middle Initial)  
Marta Amado  
Mailing Address 5161 Collins Ave . Apt # 1118  
City State Zip Code  
Miami Beach FL 33140  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Renasence Chhc Clini Psychologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
237.50  
Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8  
Transaction ID: C3317636  
Amount of Each Receipt this Period  
237.50  
[MEMO ITEM]  
\*

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 168

(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)  
American Postal Workers Union Committee on Politic

Mailing Address 1300 L Street NW

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1162.79

Date of Receipt

M M / D D / Y Y Y Y  
11 / 25 / 2008

Transaction ID: C3317680

Amount of Each Receipt this Period

1162.79

**[MEMO ITEM]**

\* ASDC Joint Fundraiser

**B.**

Full Name (Last, First, Middle Initial)  
Bakery, Confectionery, Tobacco Workers and Grain M

Mailing Address 10401 Connecticut Avenue

City State Zip Code  
Kensington MD 20895

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
111.11

Date of Receipt

M M / D D / Y Y Y Y  
11 / 25 / 2008

Transaction ID: C3317675

Amount of Each Receipt this Period

111.11

**[MEMO ITEM]**

\* ASDC Joint Fundraiser

**C.**

Full Name (Last, First, Middle Initial)  
RONALD BARNHARD

Mailing Address 6010 NW 69TH MNR

City State Zip Code  
PARKLAND FL 33067

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

Name of Employer Occupation  
SELF-EMPLOYED Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2008

Transaction ID: C3316502

Amount of Each Receipt this Period

200.00

**[MEMO ITEM]**

\* Dollars For Democrats

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

0.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 168

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
RONALD BARNHARD

Mailing Address 6010 NW 69TH MNR

City State Zip Code  
PARKLAND FL 33067

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

Name of Employer  
SELF-EMPLOYED

Occupation  
Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: C3316505

Amount of Each Receipt this Period

200.00

**[MEMO ITEM]**

\* Dollars For Democrats

**B.**

Full Name (Last, First, Middle Initial)  
A A Bell

Mailing Address 14 Balfour Rd W

City State Zip Code  
Palm Beach Gardens FL 33418

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

Name of Employer  
Bell Power Systems I

Occupation  
Admin

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: C3317637

Amount of Each Receipt this Period

95.00

**[MEMO ITEM]**

\*

**C.**

Full Name (Last, First, Middle Initial)  
A A Bell

Mailing Address 14 Balfour Rd W

City State Zip Code  
Palm Beach Gardens FL 33418

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

Name of Employer  
Bell Power Systems I

Occupation  
Admin

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: C3317638

Amount of Each Receipt this Period

95.00

**[MEMO ITEM]**

\*

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

0.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 168  
(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)  
A A Bell

Mailing Address 14 Balfour Rd W

City State Zip Code  
Palm Beach Gardens FL 33418

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

Name of Employer Occupation  
Bell Power Systems I Admin

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: C3317639

Amount of Each Receipt this Period  
95.00

**[MEMO ITEM]**  
\*

**B.** Full Name (Last, First, Middle Initial)  
C Micheals Benson

Mailing Address 5639 Bay Forest Dr

City State Zip Code  
Pensacola FL 32526

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

Name of Employer Occupation  
Information Requested Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 237.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: C3317640

Amount of Each Receipt this Period  
237.50

**[MEMO ITEM]**  
\*

**C.** Full Name (Last, First, Middle Initial)  
Conrad Bishop, Jr.

Mailing Address PO Box 167

City State Zip Code  
Perry FL 32348-0167

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

Name of Employer Occupation  
SELF-EMPLOYED ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 40.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: C3316503

Amount of Each Receipt this Period  
20.00

**[MEMO ITEM]**  
\* Dollars For Democrats

**SUBTOTAL** of Receipts This Page (optional) ..... ► **0.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 25 / 168</span>
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input checked="" type="checkbox"/> 12
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Conrad Bishop, Jr.	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address PO Box 167	<b>Transaction ID:</b> C3316504
	City State Zip Code Perry FL 32348-0167	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>[MEMO ITEM]</b> * Dollars For Democrats
	Name of Employer Occupation SELF-EMPLOYED ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 40.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MARILYN BIWER	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 3325 NEWTON ABOTT DR	<b>Transaction ID:</b> C3316506
	City State Zip Code TALLAHASSEE FL 32317	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>[MEMO ITEM]</b> * Dollars For Democrats
	Name of Employer Occupation TALLAHASSEE DEMOCRAT GRAPHIC DESIGNER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Eva M Brinson	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 3109 Indian Dr	<b>Transaction ID:</b> C3317662
	City State Zip Code Orlando FL 32812	Amount of Each Receipt this Period 475.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>[MEMO ITEM]</b> *
	Name of Employer Occupation Information Requested Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 168

(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)  
Brotherhood of Locomotive Engineers & Trainmen PAC

Mailing Address 1307 Ontario St

City State Zip Code  
Cleveland OH 44113

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1034.48

Date of Receipt

M M / D D / Y Y Y Y  
11 / 25 / 2008

Transaction ID: C3317682

Amount of Each Receipt this Period

1034.48

**[MEMO ITEM]**

\* ASDC Joint Fundraiser

**B.**

Full Name (Last, First, Middle Initial)  
Carolyn B Byers

Mailing Address 1299 N Tamiami Trl Apt 1026

City State Zip Code  
Sarasota FL 34236

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

Name of Employer Occupation  
Retired Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
95.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2008

Transaction ID: C3317663

Amount of Each Receipt this Period

95.00

**[MEMO ITEM]**

\*

**C.**

Full Name (Last, First, Middle Initial)  
Richard W. Chason

Mailing Address 432 Talaflo St

City State Zip Code  
Tallahassee FL 32308-4935

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

Name of Employer Occupation  
self geologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2008

Transaction ID: C3316507

Amount of Each Receipt this Period

600.00

**[MEMO ITEM]**

\* Dollars For Democrats

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

0.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 168

(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)

Richard W. Chason

Mailing Address 432 Talaflo St

City State Zip Code  
Tallahassee FL 32308-4935

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

Name of Employer self Occupation geologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: C3316508

Amount of Each Receipt this Period

300.00

**[MEMO ITEM]**  
\* Dollars For Democrats

**B.**

Full Name (Last, First, Middle Initial)

Arnold Lewis Cohen

Mailing Address 500 BAYVIEW DR APT 1120

City State Zip Code  
SUNNY ISL BCH FL 33160

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 ▼ 4750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: C3317664

Amount of Each Receipt this Period

4750.00

**[MEMO ITEM]**  
\*

**C.**

Full Name (Last, First, Middle Initial)

Committee for Hispanic Causes/Building Our Leaders

Mailing Address 1831 Bay Street SE

City State Zip Code  
Washington DC 20003

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

Name of Employer Occupation

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

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

Transaction ID: C3317678

Amount of Each Receipt this Period

5000.00

**[MEMO ITEM]**  
\* ASDC Joint Fundraiser

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

0.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 168

(check only one)

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ellen K Cone		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 4617 Robin Hood Trl E		<b>Transaction ID:</b> C3316509
	City Sarasota	State FL	Zip Code 34232-2642
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Retired	Occupation Teacher	<b>[MEMO ITEM]</b> * Dollars For Democrats
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Democratic National Committee		Date of Receipt MM / DD / YYYY 12 / 19 / 2008
	Mailing Address 430 South Capitol Street, SE		<b>Transaction ID:</b> C3171699
	City Washington	State DC	Zip Code 20003
	FEC ID number of contributing federal political committee. C C00010603		Amount of Each Receipt this Period 45990.00
	Name of Employer	Occupation	<b>[MEMO ITEM]</b> *
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 11909079.06		

<b>C.</b>	Full Name (Last, First, Middle Initial) DNC Services Corp.		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 430 South Capitol St. SE		<b>Transaction ID:</b> C3317661
	City Washington	State DC	Zip Code 20003
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 24227.85
	Name of Employer	Occupation	<b>[MEMO ITEM]</b> *
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 24227.85		

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

45990.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 168  
(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
James E. Douglass

Mailing Address 5429 Crestlake Blvd

City State Zip Code  
Sarasota FL 34233-3713

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 ▼ 95.00

Date of Receipt: 12 / 31 / 2008  
Transaction ID: C3317665  
Amount of Each Receipt this Period: 95.00

**[MEMO ITEM]**  
\*

**B.** Full Name (Last, First, Middle Initial)  
Drive - Democrat, Republican, Independent Voter Ed

Mailing Address 25 Louisiana Ave., NW

City State Zip Code  
Washington DC 20001

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 689.66

Date of Receipt: 11 / 25 / 2008  
Transaction ID: C3317683  
Amount of Each Receipt this Period: 689.66

**[MEMO ITEM]**  
\* ASDC Joint Fundraiser

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

Mailing Address 14361 CHINESE ELM DR

City State Zip Code  
ORLANDO FL 32828

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

Name of Employer Affiliate Programs Inc. Occupation Internet Marketing Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 609.00

Date of Receipt: 12 / 31 / 2008  
Transaction ID: C3316510  
Amount of Each Receipt this Period: 100.00

**[MEMO ITEM]**  
\* Dollars For Democrats

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 0.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 168

(check only one)

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Louis Fabiano		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 14361 CHINESE ELM DR		Transaction ID: C3316511
	City ORLANDO	State FL	Zip Code 32828
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Affiliate Programs Inc.	Occupation Internet Marketing Manager	[MEMO ITEM] * Dollars For Democrats
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 609.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Louis Fabiano		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 14361 CHINESE ELM DR		Transaction ID: C3316512
	City ORLANDO	State FL	Zip Code 32828
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Affiliate Programs Inc.	Occupation Internet Marketing Manager	[MEMO ITEM] * Dollars For Democrats
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 609.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Louis Fabiano		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 14361 CHINESE ELM DR		Transaction ID: C3316513
	City ORLANDO	State FL	Zip Code 32828
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Affiliate Programs Inc.	Occupation Internet Marketing Manager	[MEMO ITEM] * Dollars For Democrats
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 609.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 168  
(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)  
ROBERTO FAITH

Mailing Address 142 DOCKSIDE CIR

City WESTON State FL Zip Code 33327

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

Name of Employer FAITH FREIGHT FORWARDING Occupation EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 12 / 31 / 2008

Transaction ID: C3316514

Amount of Each Receipt this Period: 100.00

**[MEMO ITEM]**  
\* Dollars For Democrats

**B.** Full Name (Last, First, Middle Initial)  
ROBERTO FAITH

Mailing Address 142 DOCKSIDE CIR

City WESTON State FL Zip Code 33327

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

Name of Employer FAITH FREIGHT FORWARDING Occupation EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 12 / 31 / 2008

Transaction ID: C3316525

Amount of Each Receipt this Period: 250.00

**[MEMO ITEM]**  
\* Dollars For Democrats

**C.** Full Name (Last, First, Middle Initial)  
Richard S Fleisher

Mailing Address 219 Thorn Apple Ct

City Royal Palm Beach State FL Zip Code 33411-1689

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

Name of Employer Palm Beach Community College Occupation Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 150.00

Date of Receipt: 12 / 31 / 2008

Transaction ID: C3316522

Amount of Each Receipt this Period: 150.00

**[MEMO ITEM]**  
\* Dollars For Democrats

**SUBTOTAL** of Receipts This Page (optional) ..... ► 0.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 168  
(check only one)

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Roberta F Foote</p> <p>Mailing Address 13627 Deering Bay Dr Apt 1202</p> <p>City State Zip Code Coral Gables FL 33158-2837</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Not employed Retired</p> <p>Receipt For: Aggregate Year-to-Date ▼  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ 380.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 8</p> <p><b>Transaction ID:</b> C3317666</p> <p>Amount of Each Receipt this Period 380.00</p> <p><b>[MEMO ITEM]</b> *</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) HAROLD FORD, SR.</p> <p>Mailing Address 7966 FISHER ISLAND DR</p> <p>City State Zip Code MIAMI FL 33109</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation THE HAROLD Ford GROUP/SELF CONSULTANT</p> <p>Receipt For: Aggregate Year-to-Date ▼  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 8</p> <p><b>Transaction ID:</b> C3316526</p> <p>Amount of Each Receipt this Period 250.00</p> <p><b>[MEMO ITEM]</b> * Dollars For Democrats</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Caroline E. Gaynor</p> <p>Mailing Address 960 NE 78th St</p> <p>City State Zip Code Miami FL 33138-4708</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Self Investor</p> <p>Receipt For: Aggregate Year-to-Date ▼  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ 475.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 8</p> <p><b>Transaction ID:</b> C3317667</p> <p>Amount of Each Receipt this Period 475.00</p> <p><b>[MEMO ITEM]</b> *</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 168  
(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)  
Mary Giddens

Mailing Address PO Box 328

City Labelle State FL Zip Code 33975-0328

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

Name of Employer SELF Occupation RANCHER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt: 12 / 31 / 2008

Transaction ID: C3316520

Amount of Each Receipt this Period: 100.00

**[MEMO ITEM]**  
\* Dollars For Democrats

**B.** Full Name (Last, First, Middle Initial)  
Mary Giddens

Mailing Address PO Box 328

City Labelle State FL Zip Code 33975-0328

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

Name of Employer SELF Occupation RANCHER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt: 12 / 31 / 2008

Transaction ID: C3316521

Amount of Each Receipt this Period: 100.00

**[MEMO ITEM]**  
\* Dollars For Democrats

**C.** Full Name (Last, First, Middle Initial)  
Laurence A. Greenberg

Mailing Address 925 N Northlake Dr

City Hollywood State FL Zip Code 33019-1112

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

Name of Employer Learner & Greenberg, P.A. Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 304.00

Date of Receipt: 12 / 31 / 2008

Transaction ID: C3316516

Amount of Each Receipt this Period: 304.00

**[MEMO ITEM]**  
\* Dollars For Democrats

**SUBTOTAL** of Receipts This Page (optional) ..... ► 0.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 168  
(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)  
EDWARD HARKINS

Mailing Address 178 GUANA CT

City State Zip Code  
FORT MYERS FL 33912

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

Name of Employer Information Requested Occupation  
RETIRE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2008

Transaction ID: C3316527

Amount of Each Receipt this Period  
100.00

**[MEMO ITEM]**  
\* Dollars For Democrats

**B.** Full Name (Last, First, Middle Initial)  
Elizabeth Hodapp

Mailing Address 245 E Rivo Alto Dr

City State Zip Code  
Miami Beach FL 33139-1267

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

Name of Employer Unvt Of Miami Occupation  
Doctor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2008

Transaction ID: C3317668

Amount of Each Receipt this Period  
95.00

**[MEMO ITEM]**  
\*

**C.** Full Name (Last, First, Middle Initial)  
International Association of Heat & Frost Insulato

Mailing Address 9602 Martin Luther King Highway

City State Zip Code  
Lanham MD 20706

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 113.64

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 25 / 2008

Transaction ID: C3317673

Amount of Each Receipt this Period  
113.64

**[MEMO ITEM]**  
\* ASDC Joint Fundraiser

**SUBTOTAL** of Receipts This Page (optional) ..... ► 0.00

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

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

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

FOR LINE NUMBER: PAGE 35 / 168  
(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)  
International Brotherhood of Boilermakers Campaign  
Mailing Address 753 State Ave Ste 565

City State Zip Code  
Kansas City KS 66101

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
113.64

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	5	/	2	0	0	8

**Transaction ID:** C3317674  
 Amount of Each Receipt this Period  
113.64

**[MEMO ITEM]**  
\* ASDC Joint Fundraiser

**B.** Full Name (Last, First, Middle Initial)  
International Union of Painters and Allied Trades  
Mailing Address 1750 New York Avenue, NW

City State Zip Code  
Washington DC 20006

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
227.27

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	5	/	2	0	0	8

**Transaction ID:** C3317681  
 Amount of Each Receipt this Period  
227.27

**[MEMO ITEM]**  
\* ASDC Joint Fundraiser

**C.** Full Name (Last, First, Middle Initial)  
CATHY JONES  
Mailing Address 1 GROVE ISLE DR APT 1201

City State Zip Code  
MIAMI FL 33133

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

Name of Employer Occupation  
AFRICAN INC BUSINESS OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	8

**Transaction ID:** C3316523  
 Amount of Each Receipt this Period  
100.00

**[MEMO ITEM]**  
\* Dollars For Democrats

**SUBTOTAL** of Receipts This Page (optional) ..... ► **0.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 168  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Judith Keiser  
Mailing Address 2362 SE 14th St  
City Pompano Beach State FL Zip Code 33062-7218  
FEC ID number of contributing federal political committee. **C**  
Name of Employer THE CULTURE COMPANY Occupation EDUCATOR  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 12 / 31 / 2008  
Transaction ID: C3316515  
Amount of Each Receipt this Period 250.00  
[MEMO ITEM]  
\* Dollars For Democrats

**B.** Full Name (Last, First, Middle Initial)  
Emil E La Fond  
Mailing Address 20 Riverbend Dr  
City Palm Coast State FL Zip Code 32137  
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 ▼ 142.50  
Date of Receipt 12 / 31 / 2008  
Transaction ID: C3317669  
Amount of Each Receipt this Period 142.50  
[MEMO ITEM]  
\*

**C.** Full Name (Last, First, Middle Initial)  
Gaynor J Lenore  
Mailing Address 1665 Cleveland Rd  
City Miami Beach State FL Zip Code 33141  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation Information Requested  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 190.00  
Date of Receipt 12 / 31 / 2008  
Transaction ID: C3317641  
Amount of Each Receipt this Period 190.00  
[MEMO ITEM]  
\*

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 168  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Elenor S Lucash

Mailing Address 4323 Maywood Dr

City State Zip Code  
Marianna FL 32446-1650

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

Name of Employer n/a Occupation retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 2 / 3 1 / 2 0 0 8

**Transaction ID:** C3316517

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
\* Dollars For Democrats

**B.** Full Name (Last, First, Middle Initial)  
Luhrsen Walsh Kleinberg, LLC

Mailing Address 7430 N Tamiami Trl

City State Zip Code  
Sarasota FL 34243-1807

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 2 / 3 1 / 2 0 0 8

**Transaction ID:** C3316518

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
\* Dollars For Democrats

**C.** Full Name (Last, First, Middle Initial)  
John S Lyle

Mailing Address 660 Stonefield Loop

City State Zip Code  
Lake Mary FL 32746

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

Name of Employer Information Requested Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 95.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 2 / 3 1 / 2 0 0 8

**Transaction ID:** C3317642

Amount of Each Receipt this Period  
95.00

**[MEMO ITEM]**  
\*

**SUBTOTAL** of Receipts This Page (optional) ..... ► 0.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 168

(check only one)

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

Mailing Address 291 Bal Bay Dr Apt 210

City	State	Zip Code
Miami	FL	33154

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

Name of Employer self employed	Occupation attorney
-----------------------------------	------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2008

Transaction ID: C3317643

Amount of Each Receipt this Period  
190.00

[MEMO ITEM]

\*

B.

Full Name (Last, First, Middle Initial)  
ROBERT MAITLAND

Mailing Address 3373 ANHINGA CT

City	State	Zip Code
JACKSONVILLE	FL	32250

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

Name of Employer BANK OF AMERICA	Occupation VP CONSULTANT APPS PROG
-------------------------------------	---------------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00
---	-----------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2008

Transaction ID: C3316528

Amount of Each Receipt this Period  
25.00

[MEMO ITEM]

\* Dollars For Democrats

C.

Full Name (Last, First, Middle Initial)  
ROBERT MAITLAND

Mailing Address 3373 ANHINGA CT

City	State	Zip Code
JACKSONVILLE	FL	32250

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

Name of Employer BANK OF AMERICA	Occupation VP CONSULTANT APPS PROG
-------------------------------------	---------------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00
---	-----------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2008

Transaction ID: C3316529

Amount of Each Receipt this Period  
25.00

[MEMO ITEM]

\* Dollars For Democrats

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

0.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 168

(check only one)

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

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)  
Connie C McEvoy

Mailing Address 5391 Rose Marie Ave N

City	State	Zip Code
Boynton Beach	FL	33472

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

Name of Employer Information Requested	Occupation
	Retired

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 190.00
---	------------------------------------

Date of Receipt

MM / DD / YYYY  
12 / 31 / 2008

Transaction ID: C3317644

Amount of Each Receipt this Period

190.00

**[MEMO ITEM]**

\*

**B.**

Full Name (Last, First, Middle Initial)  
Jim Meek

Mailing Address 6439 N Mayaka Avenue

City	State	Zip Code
Crystal River	FL	34428

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

Name of Employer Retired	Occupation
	Retired

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 47.50
---	-----------------------------------

Date of Receipt

MM / DD / YYYY  
12 / 31 / 2008

Transaction ID: C3317645

Amount of Each Receipt this Period

47.50

**[MEMO ITEM]**

\*

**C.**

Full Name (Last, First, Middle Initial)  
Richard Miles

Mailing Address 81 Osprey Village Dr

City	State	Zip Code
Fernandina	FL	32034

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

Name of Employer Information Requested	Occupation
	Retired

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00
---	------------------------------------

Date of Receipt

MM / DD / YYYY  
12 / 31 / 2008

Transaction ID: C3317646

Amount of Each Receipt this Period

950.00

**[MEMO ITEM]**

\*

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

0.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 40 / 168  
(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)  
Dennis D. Moore

Mailing Address 1134 Sarasota Dr

City State Zip Code  
Tallahassee FL 32301-5727

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

Name of Employer Occupation  
FLORIDA STATE UNIV Doctor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 95.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: C3317647

Amount of Each Receipt this Period  
95.00

**[MEMO ITEM]**  
\*

**B.** Full Name (Last, First, Middle Initial)  
DAVID NICHOLS

Mailing Address 15820 SILVERADO CT

City State Zip Code  
FORT MYERS FL 33908

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

Name of Employer Occupation  
CORAL VETERINARY CLINIC/SE-LF VETERNARIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 150.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: C3316524

Amount of Each Receipt this Period  
50.00

**[MEMO ITEM]**  
\* Dollars For Democrats

**C.** Full Name (Last, First, Middle Initial)  
Windel G Palmer

Mailing Address 1383 Scottsdale Rd E

City State Zip Code  
West Palm Bch FL 33417

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

Name of Employer Occupation  
City Of West Palm Be Project Coordinator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 142.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: C3317648

Amount of Each Receipt this Period  
142.50

**[MEMO ITEM]**  
\*

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **0.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 168  
(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)  
Paul F Peters  
Mailing Address 956 19TH St SW  
City State Zip Code  
Vero Beach FL 32962  
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 ▼ 99.75  
Date of Receipt 12 / 31 / 2008  
Transaction ID: C3317649  
Amount of Each Receipt this Period 99.75  
[MEMO ITEM]  
\*

**B.** Full Name (Last, First, Middle Initial)  
Ann Pierson  
Mailing Address 1831 NW 10th Ave  
City State Zip Code  
Gainesville FL 32605-5311  
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 ▼ 190.00  
Date of Receipt 12 / 31 / 2008  
Transaction ID: C3317650  
Amount of Each Receipt this Period 190.00  
[MEMO ITEM]  
\*

**C.** Full Name (Last, First, Middle Initial)  
Fredrick B Pike  
Mailing Address 4548 Middleton Park Cir W  
City State Zip Code  
Jacksonville FL 32224  
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 ▼ 95.00  
Date of Receipt 12 / 31 / 2008  
Transaction ID: C3317651  
Amount of Each Receipt this Period 95.00  
[MEMO ITEM]  
\*

**SUBTOTAL** of Receipts This Page (optional) ..... ► 0.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 168  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

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

**A.** Full Name (Last, First, Middle Initial)  
James W. Piowaty  
Mailing Address 8005 S Indian River Dr  
City State Zip Code  
Fort Pierce FL 34982-7818  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation  
Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 25.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8  
Transaction ID: C3316519  
Amount of Each Receipt this Period 25.00  
[MEMO ITEM]  
\* Dollars For Democrats

**B.** Full Name (Last, First, Middle Initial)  
Kenneth Rand  
Mailing Address 2220 NW 3rd PI  
City State Zip Code  
Gainesville FL 32603-1406  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation  
Artist/Psychologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 570.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8  
Transaction ID: C3317652  
Amount of Each Receipt this Period 570.00  
[MEMO ITEM]  
\*

**C.** Full Name (Last, First, Middle Initial)  
William H Rusch  
Mailing Address 915 SE 2ND St  
City State Zip Code  
Ft Lauderdale FL 33301  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation  
Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 237.50  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8  
Transaction ID: C3317653  
Amount of Each Receipt this Period 237.50  
[MEMO ITEM]  
\*

**SUBTOTAL** of Receipts This Page (optional) ..... ► 0.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 168  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Martin Sass		Date of Receipt
	Mailing Address 704 Bridgewood Drive		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Boca Raton	FL	33434
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: C3317654
Name of Employer Information Requested		Occupation	Amount of Each Receipt this Period
		Retired	<input type="text" value="95.00"/>
Receipt For:		Aggregate Year-to-Date ▼	<b>[MEMO ITEM]</b> *
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="285.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) Martin Sass		Date of Receipt
	Mailing Address 704 Bridgewood Drive		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Boca Raton	FL	33434
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: C3317655
Name of Employer Information Requested		Occupation	Amount of Each Receipt this Period
		Retired	<input type="text" value="190.00"/>
Receipt For:		Aggregate Year-to-Date ▼	<b>[MEMO ITEM]</b> *
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="285.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) JIM SCHROEDER		Date of Receipt
	Mailing Address 621 NADINA PL		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	CELEBRATION	FL	34747
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: C3316530
Name of Employer Information Requested		Occupation	Amount of Each Receipt this Period
		RETIRED	<input type="text" value="100.00"/>
Receipt For:		Aggregate Year-to-Date ▼	<b>[MEMO ITEM]</b> * Dollars For Democrats
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="200.00"/>	

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

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

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

FOR LINE NUMBER: PAGE 44 / 168  
(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)  
JIM SCHROEDER  
Mailing Address 621 NADINA PL  
City State Zip Code  
CELEBRATION FL 34747  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation  
RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 200.00  
Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8  
Transaction ID: C3316537  
Amount of Each Receipt this Period  
100.00  
[MEMO ITEM]  
\* Dollars For Democrats

**B.** Full Name (Last, First, Middle Initial)  
Seafarers Political Activity Donation - Seafarers  
Mailing Address 5201 Auth Way  
City State Zip Code  
Camp Springs MD 20746  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 113.64  
Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 5 / 2 0 0 8  
Transaction ID: C3317676  
Amount of Each Receipt this Period  
113.64  
[MEMO ITEM]  
\* ASDC Joint Fundraiser

**C.** Full Name (Last, First, Middle Initial)  
Thomas Smith  
Mailing Address 5010 Leon Dr  
City State Zip Code  
Palmetto FL 34221-8543  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Us Dept Of Interior Research Ecologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 475.00  
Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8  
Transaction ID: C3317656  
Amount of Each Receipt this Period  
475.00  
[MEMO ITEM]  
\*

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

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

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

FOR LINE NUMBER: PAGE 45 / 168  
(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)  
SUSAN STAIGER

Mailing Address 9220 SW 76TH TER

City State Zip Code  
MIAMI FL 33173

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

Name of Employer Information Requested Occupation  
RETIRE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: C3316538

Amount of Each Receipt this Period  
204.00

**[MEMO ITEM]**  
\* Dollars For Democrats

**B.** Full Name (Last, First, Middle Initial)  
Georgia Steiger

Mailing Address 2131 LAKEVIEW DR  
APT 604

City State Zip Code  
Sebring FL 33870-3198

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

Name of Employer RETIRE Occupation  
RETIRE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: C3316535

Amount of Each Receipt this Period  
100.00

**[MEMO ITEM]**  
\* Dollars For Democrats

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

Mailing Address 6035 CHANDELLE CIR

City State Zip Code  
PENSACOLA FL 32507

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

Name of Employer DOD Occupation  
MED TECH

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 63.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: C3316539

Amount of Each Receipt this Period  
21.00

**[MEMO ITEM]**  
\* Dollars For Democrats

**SUBTOTAL** of Receipts This Page (optional) ..... ► 0.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 168

(check only one)

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

<b>A.</b>	Full Name (Last, First, Middle Initial) ROD STOCKER		Date of Receipt
	Mailing Address 6035 CHANDELLE CIR		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	PENSACOLA	FL	32507
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: C3316540
Name of Employer DOD		Occupation MED TECH	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="63.00"/>	<input type="text" value="21.00"/>
			<b>[MEMO ITEM]</b> * Dollars For Democrats

<b>B.</b>	Full Name (Last, First, Middle Initial) ROD STOCKER		Date of Receipt
	Mailing Address 6035 CHANDELLE CIR		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	PENSACOLA	FL	32507
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: C3316541
Name of Employer DOD		Occupation MED TECH	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="63.00"/>	<input type="text" value="21.00"/>
			<b>[MEMO ITEM]</b> * Dollars For Democrats

<b>C.</b>	Full Name (Last, First, Middle Initial) The J.A. Wingard Trust		Date of Receipt
	Mailing Address 5200 N Ocean Blvd Apt 514		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Laud By Sea	FL	33308-3017
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: C3316536
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="100.00"/>	<input type="text" value="100.00"/>
			<b>[MEMO ITEM]</b> * Dollars For Democrats

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 168  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
James B Tripp

Mailing Address 360 S Ocean Trace Rd

City State Zip Code  
St Augustine FL 32080

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
95.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: C3317657

Amount of Each Receipt this Period  
95.00

**[MEMO ITEM]**  
\*

**B.**

Full Name (Last, First, Middle Initial)  
Ralph V. Turner

Mailing Address 842 Santa Rosa Dr

City State Zip Code  
Tallahassee FL 32301-5641

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 ▼  
80.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: C3316531

Amount of Each Receipt this Period  
80.00

**[MEMO ITEM]**  
\* Dollars For Democrats

**C.**

Full Name (Last, First, Middle Initial)  
United Steelworkers Political Action Fund

Mailing Address Five Gateway Center

City State Zip Code  
Pittsburgh PA 15222

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
465.12

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

Transaction ID: C3317677

Amount of Each Receipt this Period  
465.12

**[MEMO ITEM]**  
\* ASDC Joint Fundraiser

**SUBTOTAL** of Receipts This Page (optional) ..... ► **0.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 168

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
UNITEMIZED CONTRIBUTIONS

Mailing Address 430 S CAPITOL ST SE

City State Zip Code  
WASHINGTON DC 20003

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 27611.13

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: C3316543

Amount of Each Receipt this Period

27611.13

**[MEMO ITEM]**  
\* Dollars For Democrats

**B.**

Full Name (Last, First, Middle Initial)  
JACQUES VICTOR

Mailing Address 12910 SW 109TH PL

City State Zip Code  
MIAMI FL 33176

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

Name of Employer Occupation  
SELF MD

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: C3316542

Amount of Each Receipt this Period

200.00

**[MEMO ITEM]**  
\* Dollars For Democrats

**C.**

Full Name (Last, First, Middle Initial)  
Jacqueline H Wallace

Mailing Address 1121 Crandon Blvd E505

City State Zip Code  
Key Biscayne FL 33149

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

Name of Employer Occupation  
retired retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 142.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: C3317658

Amount of Each Receipt this Period

142.50

**[MEMO ITEM]**  
\*

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

0.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 168  
(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)  
Guy Whittall

Mailing Address 2300 Indian Creek Blvd W  
Apt C121

City State Zip Code  
Vero Beach FL 32966-5198

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 ▼ 475.00

Date of Receipt: 12 / 31 / 2008  
Transaction ID: C3317659  
Amount of Each Receipt this Period: 475.00  
[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
Nancy Wideman

Mailing Address 1100 E Pearl St

City State Zip Code  
Monticello FL 32344-3011

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

Name of Employer Jefferson County Schools Occupation Teacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 80.00

Date of Receipt: 12 / 31 / 2008  
Transaction ID: C3316532  
Amount of Each Receipt this Period: 40.00  
[MEMO ITEM]  
\* Dollars For Democrats

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

Mailing Address 1100 E Pearl St

City State Zip Code  
Monticello FL 32344-3011

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

Name of Employer Jefferson County Schools Occupation Teacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 80.00

Date of Receipt: 12 / 31 / 2008  
Transaction ID: C3316533  
Amount of Each Receipt this Period: 40.00  
[MEMO ITEM]  
\* Dollars For Democrats

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 0.00

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

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

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

FOR LINE NUMBER: PAGE 50 / 168  
(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)  
Emil A. Wolf

Mailing Address 2580 Carmine Rd

City State Zip Code  
Venice FL 34293-3301

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 ▼ 50.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: C3316534

Amount of Each Receipt this Period  
50.00

**[MEMO ITEM]**  
\* Dollars For Democrats

**B.** Full Name (Last, First, Middle Initial)  
Jovan A. Zepcevski

Mailing Address 7802 Jean Blvd

City State Zip Code  
Fort Myers FL 33967-6015

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

Name of Employer Zep Construction Inc Occupation Bridge Marine Contractor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: C3317660

Amount of Each Receipt this Period  
475.00

**[MEMO ITEM]**  
\*

**SUBTOTAL** of Receipts This Page (optional) ..... ► **0.00**

**TOTAL** This Period (last page this line number only) ..... ► **45990.00**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 168  
(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)  
Activate Activate

Mailing Address PO Box 17814

City Richmond State VA Zip Code 23230

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 291.75

Date of Receipt: 12 / 11 / 2008  
**Transaction ID: C3171895**  
 Amount of Each Receipt this Period: 291.75

**B.** Full Name (Last, First, Middle Initial)  
Finn M.W. Caspersen

Mailing Address PO Box 3272

City Tampa State FL Zip Code 33601-3272

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

Name of Employer C.L. Knight and Sons Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 12 / 02 / 2008  
**Transaction ID: C3158777**  
 Amount of Each Receipt this Period: 1000.00

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

Mailing Address 300 W Pensacola St

City Tallahassee State FL Zip Code 32301-1618

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1565.60

Date of Receipt: 12 / 11 / 2008  
**Transaction ID: C3168667**  
 Amount of Each Receipt this Period: 1565.60

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2857.35

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 168  
(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) Community Property Management		Date of Receipt MM / DD / YYYY 12 / 17 / 2008
Mailing Address 1815 Miccosukee Commons Drive Suite 104		<b>Transaction ID:</b> C3171147
City Tallahassee	State FL	Zip Code 32317
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1400.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	

**B.**

Full Name (Last, First, Middle Initial) CORT Furniture Rental		Date of Receipt MM / DD / YYYY 12 / 02 / 2008
Mailing Address 5206 Tampa West Blvd		<b>Transaction ID:</b> C3158781
City Tampa	State FL	Zip Code 33634-2415
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1883.02
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2551.75	

**C.**

Full Name (Last, First, Middle Initial) CORT Furniture Rental		Date of Receipt MM / DD / YYYY 12 / 17 / 2008
Mailing Address 5206 Tampa West Blvd		<b>Transaction ID:</b> C3171286
City Tampa	State FL	Zip Code 33634-2415
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 668.73
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2551.75	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3951.75</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 168

(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)

Embarq Communications

Mailing Address PO Box 88026

City State Zip Code  
Chicago IL 60680-1026

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

Name of Employer Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1830.01

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 0 8

Transaction ID: C3171148

Amount of Each Receipt this Period

1830.01

**B.**

Full Name (Last, First, Middle Initial)

Florida Power & Light Company

Mailing Address PO Box 025576

City State Zip Code  
Miami FL 33102-5576

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

Name of Employer Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

485.45

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 0 8

Transaction ID: C3171149

Amount of Each Receipt this Period

485.45

**C.**

Full Name (Last, First, Middle Initial)

Gulf Power Company

Mailing Address One Energy Place

City State Zip Code  
Pensacola FL 32520-0781

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

Name of Employer Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

468.35

Date of Receipt

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

Transaction ID: C3158786

Amount of Each Receipt this Period

468.35

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

2783.81

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 168  
(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)  
Ruthven Family Limited Partnership II

Mailing Address P.O. Box 2420

City State Zip Code  
Lakeland FL 33806-2420

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1030.28

Date of Receipt  
MM / DD / YYYY  
12 / 02 / 2008

Transaction ID: C3158787

Amount of Each Receipt this Period  
1030.28

**B.**

Full Name (Last, First, Middle Initial)  
US Security Associates, Inc.

Mailing Address 200 Mansell Court  
5th Floor

City State Zip Code  
Roswell GA 30076

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
922.95

Date of Receipt  
MM / DD / YYYY  
12 / 02 / 2008

Transaction ID: C3158789

Amount of Each Receipt this Period  
922.95

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1953.23
<b>TOTAL</b> This Period (last page this line number only) .....	▶	11546.14

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 168

(check only one)

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

Capital City Bank

Mailing Address PO Box 1630

City

Tallahassee

State

FL

Zip Code

32302-1630

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

11064.32

Date of Receipt

MM / DD / YYYY  
11 / 30 / 2008

Transaction ID: C3171687

Amount of Each Receipt this Period

94.53

B.

Full Name (Last, First, Middle Initial)

Capital City Bank

Mailing Address PO Box 1630

City

Tallahassee

State

FL

Zip Code

32302-1630

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

11064.32

Date of Receipt

MM / DD / YYYY  
11 / 30 / 2008

Transaction ID: C3171688

Amount of Each Receipt this Period

192.73

C.

Full Name (Last, First, Middle Initial)

Capital City Bank

Mailing Address PO Box 1630

City

Tallahassee

State

FL

Zip Code

32302-1630

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

11064.32

Date of Receipt

MM / DD / YYYY  
11 / 30 / 2008

Transaction ID: C3171689

Amount of Each Receipt this Period

92.30

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

379.56

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 168  
(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)  
Capital City Bank

Mailing Address PO Box 1630

City State Zip Code  
Tallahassee FL 32302-1630

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
11064.32

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

**Transaction ID:** C3171690

Amount of Each Receipt this Period  
24.17

**B.**

Full Name (Last, First, Middle Initial)  
Capital City Bank

Mailing Address PO Box 1630

City State Zip Code  
Tallahassee FL 32302-1630

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
11064.32

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

**Transaction ID:** C3171692

Amount of Each Receipt this Period  
7.73

**C.**

Full Name (Last, First, Middle Initial)  
Capital City Bank

Mailing Address PO Box 1630

City State Zip Code  
Tallahassee FL 32302-1630

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
11064.32

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

**Transaction ID:** C3171693

Amount of Each Receipt this Period  
10.08

**SUBTOTAL** of Receipts This Page (optional) ..... ► **41.98**

**TOTAL** This Period (last page this line number only) ..... ► **421.54**

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Alford Air Conditioning, Inc.</p> <p>Mailing Address 360 Cypress Drive Suite 3</p> <p>City Tequesta State FL Zip Code 33469</p> <p>Purpose of Disbursement Maintenance/Repairs</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> D206437 <b>Date of Disbursement</b> 11 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 300.69</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Anagram Corporation</p> <p>Mailing Address 310 W Jefferson St</p> <p>City Tallahassee State FL Zip Code 32301-1419</p> <p>Purpose of Disbursement Lease/Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D210869 <b>Date of Disbursement</b> 12 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 6987.50</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Andrew's Catering</p> <p>Mailing Address 228 South Adams St.</p> <p>City Tallahassee State FL Zip Code 32301</p> <p>Purpose of Disbursement Electoral College Event</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> D210708 <b>Date of Disbursement</b> 12 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 1499.63</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8787.82</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Apptix, Inc.	Transaction ID: D210966 Date of Disbursement 12 / 30 / 2008
	Mailing Address Dept CH 17826	
	City Palatine State IL Zip Code 60055-7826	Amount of Each Disbursement this Period 9269.16
	Purpose of Disbursement Email Hosting Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Apptix, Inc.	Transaction ID: D206434 Date of Disbursement 12 / 03 / 2008
	Mailing Address Dept CH 17826	
	City Palatine State IL Zip Code 60055-7826	Amount of Each Disbursement this Period 1920.14
	Purpose of Disbursement Email Hosting Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Tramon Arnold	Transaction ID: D212663 Date of Disbursement 12 / 01 / 2008
	Mailing Address 4508 Austin Dr.	
	City N. Little Rock State AR Zip Code 72116	Amount of Each Disbursement this Period 2399.79
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	13589.09
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: D212678 Date of Disbursement
	Mailing Address 150 S. Monroe	<input type="text" value="12"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Tallahassee State FL Zip Code 32301	Amount of Each Disbursement this Period
	Purpose of Disbursement Admin Telephone Candidate Name	<input type="text" value="1850.24"/>
	Office Sought: <input type="checkbox"/> House <input 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

B.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: D252941 Date of Disbursement
	Mailing Address 150 S. Monroe	<input type="text" value="11"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Tallahassee State FL Zip Code 32301	Amount of Each Disbursement this Period
	Purpose of Disbursement Admin Telephone Candidate Name	<input type="text" value="6590.37"/>
	Office Sought: <input type="checkbox"/> House <input 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

C.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: D210859 Date of Disbursement
	Mailing Address 150 S. Monroe	<input type="text" value="12"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Tallahassee State FL Zip Code 32301	Amount of Each Disbursement this Period
	Purpose of Disbursement Admin Telephone Candidate Name	<input type="text" value="204.78"/>
	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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="8645.39"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: D210860
	Mailing Address 150 S. Monroe	Date of Disbursement 12 / 16 / 2008
	City Tallahassee State FL Zip Code 32301	Amount of Each Disbursement this Period 107.88
	Purpose of Disbursement Admin Telephone Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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: D210861
	Mailing Address 150 S. Monroe	Date of Disbursement 12 / 16 / 2008
	City Tallahassee State FL Zip Code 32301	Amount of Each Disbursement this Period 958.95
	Purpose of Disbursement Admin Telephone Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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: D210862
	Mailing Address 150 S. Monroe	Date of Disbursement 12 / 16 / 2008
	City Tallahassee State FL Zip Code 32301	Amount of Each Disbursement this Period 4729.23
	Purpose of Disbursement Admin Telephone Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	5796.06
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: D210863 Date of Disbursement
	Mailing Address 150 S. Monroe	<input type="text" value="12"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Tallahassee State FL Zip Code 32301	Amount of Each Disbursement this Period
	Purpose of Disbursement Admin Telephone Candidate Name	<input type="text" value="200.67"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: D210864 Date of Disbursement
	Mailing Address 150 S. Monroe	<input type="text" value="12"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Tallahassee State FL Zip Code 32301	Amount of Each Disbursement this Period
	Purpose of Disbursement Admin Telephone Candidate Name	<input type="text" value="1276.59"/>
	Office Sought: <input type="checkbox"/> House <input 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: D206609 Date of Disbursement
	Mailing Address 150 S. Monroe	<input type="text" value="12"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Tallahassee State FL Zip Code 32301	Amount of Each Disbursement this Period
	Purpose of Disbursement Admin Telephone Candidate Name	<input type="text" value="963.11"/>
	Office Sought: <input type="checkbox"/> House <input 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="2440.37"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: D206154 Date of Disbursement
	Mailing Address 150 S. Monroe	<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City Tallahassee State FL Zip Code 32301	Amount of Each Disbursement this Period
	Purpose of Disbursement Admin Telephone Candidate Name	<input type="text" value="580.72"/>
	Office Sought: <input type="checkbox"/> House <input 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

B.	Full Name (Last, First, Middle Initial) Avis Rent a Car - Corporate	Transaction ID: D206635 Date of Disbursement
	Mailing Address 6 Sylvan Way	<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City Parsippany State NJ Zip Code 07054	Amount of Each Disbursement this Period
	Purpose of Disbursement Auto Travel Candidate Name	<input type="text" value="8851.98"/>
	Office Sought: <input type="checkbox"/> House <input 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

C.	Full Name (Last, First, Middle Initial) Avis Rent a Car - Corporate	Transaction ID: D209673 Date of Disbursement
	Mailing Address 6 Sylvan Way	<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Parsippany State NJ Zip Code 07054	Amount of Each Disbursement this Period
	Purpose of Disbursement Auto Travel Candidate Name	<input type="text" value="2652.39"/>
	Office Sought: <input type="checkbox"/> House <input 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

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Awards 4 U	Transaction ID: D210871 Date of Disbursement
	Mailing Address 1387 East Lafayette Street	<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City Tallahassee State FL Zip Code 32301	Amount of Each Disbursement this Period
	Purpose of Disbursement Awards	<input type="text" value="530.18"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Anzdielow Azor	Transaction ID: D206461 Date of Disbursement
	Mailing Address 701 Immokalee Drive	<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City Immokalee State FL Zip Code 34142	Amount of Each Disbursement this Period
	Purpose of Disbursement Canvassing	<input type="text" value="450.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Bank of America - Tampa Debit Card	Transaction ID: D208456 Date of Disbursement
	Mailing Address PO Box 25118	<input type="text" value="12"/> / <input type="text" value="16"/> / <input type="text" value="2008"/>
	City Tampa State FL Zip Code 33622-5118	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Fees	<input type="text" value="25.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1005.18"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Barker Specialty	Transaction ID: D208435 Date of Disbursement
	Mailing Address 27 Realty Drive Caller Box 222	<input type="text" value="12"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Cheshire State CT Zip Code 06410	Amount of Each Disbursement this Period
	Purpose of Disbursement Printing/Graphics	<input type="text" value="72.11"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Florida	Transaction ID: D211971 Date of Disbursement
	Mailing Address P.O. Box 105358	<input type="text" value="12"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Atlanta State GA Zip Code 30348-5358	Amount of Each Disbursement this Period
	Purpose of Disbursement Benefits	<input type="text" value="5545.12"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Blue State Digital, LLC	Transaction ID: D209685 Date of Disbursement
	Mailing Address 734 15th Street, NW, Suite 1200	<input type="text" value="12"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Website	<input type="text" value="2700.00"/>
	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="8317.23"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr. Glenel Bowden</p> <p>Mailing Address PO Box 2003</p> <p>City Lake City State FL Zip Code 32056-2003</p> <p>Purpose of Disbursement Canvassing</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> D211136 <b>Date of Disbursement</b> 12 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 200.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Kate Brandt</p> <p>Mailing Address 35 Sunset Way</p> <p>City Muir Beach State CA Zip Code 94965</p> <p>Purpose of Disbursement Canvassing</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> D211131 <b>Date of Disbursement</b> 12 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</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 Internet</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D212659 <b>Date of Disbursement</b> 12 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 187.42</p>

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

887.42

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Bright House Networks <hr/> Mailing Address P.O. Box 31337 <hr/> City Tampa State FL Zip Code 33630-3765 <hr/> Purpose of Disbursement Internet 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> D210657 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 736.28
	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) Bright House Networks <hr/> Mailing Address P.O. Box 31337 <hr/> City Tampa State FL Zip Code 33630-3765 <hr/> Purpose of Disbursement Internet 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> D206586 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 8
	Amount of Each Disbursement this Period 194.49
	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) Bright House Networks <hr/> Mailing Address P.O. Box 31337 <hr/> City Tampa State FL Zip Code 33630-3765 <hr/> Purpose of Disbursement Internet 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> D206435 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 5 / 2 0 0 8
	Amount of Each Disbursement this Period 109.67
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1040.44
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Capital Business Center</p> <p>Mailing Address 1851 S Monroe St</p> <p>City Tallahassee State FL Zip Code 32301-5527</p> <p>Purpose of Disbursement Lease/Rentals</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> D210868 <b>Date of Disbursement</b> 12 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 746.40</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Capital City Bank</p> <p>Mailing Address PO Box 1630</p> <p>City Tallahassee State FL Zip Code 32302-1630</p> <p>Purpose of Disbursement Merchant Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D212664 <b>Date of Disbursement</b> 12 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 40.31</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Capital City Bank</p> <p>Mailing Address PO Box 1630</p> <p>City Tallahassee State FL Zip Code 32302-1630</p> <p>Purpose of Disbursement Merchant Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D212665 <b>Date of Disbursement</b> 12 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 78.00</p>

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

864.71

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Capital City Bank	Transaction ID: D212666 Date of Disbursement
	Mailing Address PO Box 1630	<input type="text" value="12"/> <input type="text" value="10"/> / <input type="text" value="2008"/>
	City Tallahassee State FL Zip Code 32302-1630	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Bank Fees	<input type="text" value="180.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Capital City Bank	Transaction ID: D212667 Date of Disbursement
	Mailing Address PO Box 1630	<input type="text" value="12"/> <input type="text" value="10"/> / <input type="text" value="2008"/>
	City Tallahassee State FL Zip Code 32302-1630	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fees	<input type="text" value="1318.40"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Capital City Bank	Transaction ID: D212668 Date of Disbursement
	Mailing Address PO Box 1630	<input type="text" value="12"/> <input type="text" value="10"/> / <input type="text" value="2008"/>
	City Tallahassee State FL Zip Code 32302-1630	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fees	<input type="text" value="88.52"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1586.92"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Capital City Bank	Transaction ID: D212679 Date of Disbursement
	Mailing Address PO Box 1630	<input type="text" value="12"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Tallahassee State FL Zip Code 32302-1630	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fees	<input type="text" value="20.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Capital City Bank	Transaction ID: D212680 Date of Disbursement
	Mailing Address PO Box 1630	<input type="text" value="12"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Tallahassee State FL Zip Code 32302-1630	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Bank Fees	<input type="text" value="3.29"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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: D212681 Date of Disbursement
	Mailing Address PO Box 1630	<input type="text" value="12"/> <input type="text" value="22"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Tallahassee State FL Zip Code 32302-1630	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Bank Fees	<input type="text" value="650.00"/>
	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="673.29"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) City of Cocoa</p> <p>Mailing Address 603 Brevard Ave.</p> <p>City Cocoa State FL Zip Code 32922</p> <p>Purpose of Disbursement Utilities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D209435</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="136.01"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) City of Port St. Lucie Utilities</p> <p>Mailing Address P. O. Drawer 8987</p> <p>City Port St. Lucie State FL Zip Code 34985-8987</p> <p>Purpose of Disbursement Utilities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D210636</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="64.58"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) City of South Daytona</p> <p>Mailing Address 1672 S Ridgewood Ave</p> <p>City South Daytona State FL Zip Code 32119-8410</p> <p>Purpose of Disbursement Utilities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D209680</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="127.88"/></p>

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) City of Tallahassee	Transaction ID: D211273 Date of Disbursement 12 / 16 / 2008
	Mailing Address 600 N Monroe St	
	City Tallahassee State FL Zip Code 32301-1262	Amount of Each Disbursement this Period 2750.96
	Purpose of Disbursement Utilities Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Daphne Colbert	Transaction ID: D211139 Date of Disbursement 12 / 17 / 2008
	Mailing Address 8187 Trafalgar Sq	
	City Jacksonville State FL Zip Code 32217	Amount of Each Disbursement this Period 440.00
	Purpose of Disbursement Canvassing Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Comcast	Transaction ID: D209675 Date of Disbursement 12 / 30 / 2008
	Mailing Address PO Box 105184	
	City Atlanta State GA Zip Code 30348-5184	Amount of Each Disbursement this Period 872.16
	Purpose of Disbursement Cable Service Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	▶	4063.12
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Comcast	Transaction ID: D210633 Date of Disbursement																			
	Mailing Address PO Box 105184	<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>2</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	0		2	0	0	8												
	City Atlanta State GA Zip Code 30348-5184	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Internet	<table border="1"><tr><td>507.26</td></tr></table>	507.26																		
507.26																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Comcast	Transaction ID: D206446 Date of Disbursement																			
	Mailing Address PO Box 105184	<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>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	5		2	0	0	8												
	City Atlanta State GA Zip Code 30348-5184	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Internet	<table border="1"><tr><td>426.57</td></tr></table>	426.57																		
426.57																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Cox Communications	Transaction ID: D206442 Date of Disbursement																			
	Mailing Address PO Box 60970	<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>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	5		2	0	0	8												
	City New Orleans State LA Zip Code 70160	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Internet	<table border="1"><tr><td>229.00</td></tr></table>	229.00																		
229.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>1162.83</td></tr></table>	1162.83
1162.83		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

**SCHEDULE 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) Cox Communications	Transaction ID: D206583 Date of Disbursement																			
	Mailing Address PO Box 60970	<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>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	8		2	0	0	8												
	City New Orleans State LA Zip Code 70160	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Internet	<table border="1"><tr><td>35.70</td></tr></table>	35.70																		
35.70																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

B.	Full Name (Last, First, Middle Initial) Cox Communications	Transaction ID: D210638 Date of Disbursement																			
	Mailing Address PO Box 60970	<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>2</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	0		2	0	0	8												
	City New Orleans State LA Zip Code 70160	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Internet	<table border="1"><tr><td>1182.95</td></tr></table>	1182.95																		
1182.95																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

C.	Full Name (Last, First, Middle Initial) DeltaCom	Transaction ID: D208437 Date of Disbursement																			
	Mailing Address P.O. Box 740597	<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>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	6		2	0	0	8												
	City Atlanta State GA Zip Code 30374-0597	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Telephone Service	<table border="1"><tr><td>557.12</td></tr></table>	557.12																		
557.12																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>1775.77</td></tr></table>	1775.77
1775.77		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Democratic National Committee	Transaction ID: D211593 Date of Disbursement																			
	Mailing Address 430 South Capitol Street, SE	<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>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	8		2	0	0	8												
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Voter File Access	<table border="1"><tr><td>3350.00</td></tr></table>	3350.00																		
3350.00																					
	Candidate Name Democratic National Committee	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	* In-Kind Received																			
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																				

B.	Full Name (Last, First, Middle Initial) Department of Water and Sewers	Transaction ID: D210646 Date of Disbursement																			
	Mailing Address 501 Palm Avenue	<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>2</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	0		2	0	0	8												
	City Hialeah State FL Zip Code 33010	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Utilities	<table border="1"><tr><td>32.56</td></tr></table>	32.56																		
32.56																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President																				
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																				

C.	Full Name (Last, First, Middle Initial) DHL Express (USA) Inc.	Transaction ID: D210668 Date of Disbursement																			
	Mailing Address 1200 S. Pine Island Road	<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>2</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	0		2	0	0	8												
	City Plantation State FL Zip Code 33324	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Shipping	<table border="1"><tr><td>248.82</td></tr></table>	248.82																		
248.82																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President																				
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																				

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

**3631.38**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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) DHL Express (USA) Inc.	Transaction ID: D206438 Date of Disbursement 11 / 25 / 2008
	Mailing Address 1200 S. Pine Island Road	Amount of Each Disbursement this Period 1627.03
	City Plantation State FL Zip Code 33324	
	Purpose of Disbursement Shipping	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Charles Dixon	Transaction ID: D209681 Date of Disbursement 12 / 30 / 2008
	Mailing Address c/o Perry Pursell 4907 A N.W. 43rd St.	Amount of Each Disbursement this Period 115.00
	City Gainesville State FL Zip Code 32606	
	Purpose of Disbursement Office Maintenance	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Ken Donahue	Transaction ID: D206585 Date of Disbursement 12 / 08 / 2008
	Mailing Address 1842 N. Alafaya Trail	Amount of Each Disbursement this Period 1220.00
	City Orlando State FL Zip Code 32822	
	Purpose of Disbursement Office Maintenance	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2962.03
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Doris Maloy, Tax Collector <hr/> Mailing Address Leon County Court House <hr/> City Tallahassee State FL Zip Code 32301 <hr/> Purpose of Disbursement Ad Valorem Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D208436 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 8
	Amount of Each Disbursement this Period 518.96
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Embarq Communications Charlotte <hr/> Mailing Address P. O. Box 96064 <hr/> City Charlotte State NC Zip Code 28296-0064 <hr/> Purpose of Disbursement Telephone Service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D208454 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 5 / 2 0 0 8
	Amount of Each Disbursement this Period 1344.27
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Embarq Communications Charlotte <hr/> Mailing Address P. O. Box 96064 <hr/> City Charlotte State NC Zip Code 28296-0064 <hr/> Purpose of Disbursement Telephone Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D210865 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 8
	Amount of Each Disbursement this Period 773.84
	Category/ Type
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2637.07
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 77 / 168

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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) Embarq Communications Charlotte</p> <p>Mailing Address P. O. Box 96064</p> <p>City Charlotte State NC Zip Code 28296-0064</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input 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> D210866 <b>Date of Disbursement</b> 12 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 111.14</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) EZ Rent-A-Car</p> <p>Mailing Address 5124 West Cypress Street</p> <p>City Tampa State FL Zip Code 33607</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input 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> D212660 <b>Date of Disbursement</b> 11 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 507.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Financial Innovations, Inc.</p> <p>Mailing Address 1 Weingeroff Blvd</p> <p>City Cranston State RI Zip Code 02910-4019</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input 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> D210634 <b>Date of Disbursement</b> 12 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 380.68</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>998.82</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) First Coast Specialty Advertising</p> <p>Mailing Address 4 Sawgrass Village Dr. #1300</p> <p>City State Zip Code Ponte Vedra Beach FL 32082</p> <p>Purpose of Disbursement Printing/Graphics</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> D212669 <b>Date of Disbursement</b> 12 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 921.23</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Florida Labor Law Poster Service</p> <p>Mailing Address 422 Elmwood Drive, #14</p> <p>City State Zip Code Lansing MI 48917</p> <p>Purpose of Disbursement 2009 Required FL Labor Laws Poster</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> D210704 <b>Date of Disbursement</b> 12 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 67.25</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Florida Power &amp; Light Company</p> <p>Mailing Address PO Box 025576</p> <p>City State Zip Code Miami FL 33102-5576</p> <p>Purpose of Disbursement Utilities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D210867 <b>Date of Disbursement</b> 12 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 47.38</p>

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

1035.86

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Florida Power & Light Company <hr/> Mailing Address PO Box 025576 <hr/> City Miami State FL Zip Code 33102-5576 <hr/> Purpose of Disbursement Utilities Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D210649 Date of Disbursement 12 / 30 / 2008	Amount of Each Disbursement this Period 499.55
<b>B.</b>	Full Name (Last, First, Middle Initial) Florida Power & Light Company <hr/> Mailing Address PO Box 025576 <hr/> City Miami State FL Zip Code 33102-5576 <hr/> Purpose of Disbursement Utilities Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D210650 Date of Disbursement 12 / 30 / 2008	Amount of Each Disbursement this Period 174.59
<b>C.</b>	Full Name (Last, First, Middle Initial) FPL <hr/> Mailing Address P.O. Box 025576 <hr/> City Miami State FL Zip Code 33102 <hr/> Purpose of Disbursement Utilities Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D206445 Date of Disbursement 11 / 25 / 2008	Amount of Each Disbursement this Period 463.85

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

1137.99

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Paul C Gaige	Transaction ID: D213072 Date of Disbursement 12 / 18 / 2008
	Mailing Address 7214 Tippecanoe Rd	Amount of Each Disbursement this Period 500.00
	City Canfield State OH Zip Code 44406	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Carlise Gill	Transaction ID: D212673 Date of Disbursement 12 / 09 / 2008
	Mailing Address 1289 Windy Willows Dr	Amount of Each Disbursement this Period 100.00
	City Jacksonville State FL Zip Code 32225	
	Purpose of Disbursement Signs/Stickers Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Alysia Hall	Transaction ID: D206643 Date of Disbursement 12 / 04 / 2008
	Mailing Address 2501 MacFarland Drive	Amount of Each Disbursement this Period 1000.00
	City Cocoa State FL Zip Code 32922	
	Purpose of Disbursement Consulting/Political Strategy Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	▶	1600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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) Hatley-Olmstead, LLC <hr/> Mailing Address 14517 N 18th Ave. <hr/> City Tampa State FL Zip Code 33613 <hr/> Purpose of Disbursement Office Maintenance 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: D206582 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 8	Amount of Each Disbursement this Period 1100.00
B.	Full Name (Last, First, Middle Initial) House & Building Cleaning Service <hr/> Mailing Address 6345 Newtown Cir. B-2 <hr/> City Tampa State FL Zip Code 33615 <hr/> Purpose of Disbursement Admin/Maintenance/Repairs 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: D206440 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 5 / 2 0 0 8	Amount of Each Disbursement this Period 240.00
C.	Full Name (Last, First, Middle Initial) In Focus Investigation and Process Service <hr/> Mailing Address 398-A N. Harbor City Blvd. <hr/> City Melbourne State FL Zip Code 32935 <hr/> Purpose of Disbursement Legal Process Service 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: D209672 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 8	Amount of Each Disbursement this Period 385.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1725.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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) JEA	Transaction ID: D210656 Date of Disbursement 12 / 30 / 2008
	Mailing Address P.O. Box 44297	Amount of Each Disbursement this Period 613.69
	City Jacksonville State FL Zip Code 32231	
	Purpose of Disbursement Utilities	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mia Lanese Jones	Transaction ID: D211141 Date of Disbursement 12 / 17 / 2008
	Mailing Address 3013 Tusk Rd	Amount of Each Disbursement this Period 500.00
	City Jacksonville State FL Zip Code 32209-2244	
	Purpose of Disbursement Canvassing	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) Joseph Boles, Attorney	Transaction ID: D205230 Date of Disbursement 11 / 25 / 2008
	Mailing Address 19 Riberia St	Amount of Each Disbursement this Period 1673.52
	City St Augustine State FL Zip Code 32084-3553	
	Purpose of Disbursement Utilities	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2787.21
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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) Keith Wilson</p> <p>Mailing Address 1800 Elkcam Blvd. C</p> <p>City Deltona State FL Zip Code 32738</p> <p>Purpose of Disbursement Canvass Staging Site</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> D209683</p> <p>Date of Disbursement 12 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 200.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Kelly Services, Inc.</p> <p>Mailing Address PO Box 530437</p> <p>City Atlanta State GA Zip Code 30353-0437</p> <p>Purpose of Disbursement Consulting/Compliance</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> D206594</p> <p>Date of Disbursement 12 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 2867.72</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kings Point in Tamarac</p> <p>Mailing Address 7620 Nob Hill Rd.</p> <p>City Tamarac State FL Zip Code 33321</p> <p>Purpose of Disbursement Site Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D205231</p> <p>Date of Disbursement 11 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 63.00</p>

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

3130.72

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Ryan Klute	Transaction ID: D210666 Date of Disbursement 12 / 18 / 2008
	Mailing Address 187 Cross Place	Amount of Each Disbursement this Period 2500.00
	City Eugene State OR Zip Code 97402	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ryan Klute	Transaction ID: D211147 Date of Disbursement 12 / 17 / 2008
	Mailing Address 187 Cross Place	Amount of Each Disbursement this Period 1500.00
	City Eugene State OR Zip Code 97402	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Jean Louisma	Transaction ID: D206463 Date of Disbursement 12 / 04 / 2008
	Mailing Address 701 Immokalee Drive	Amount of Each Disbursement this Period 200.00
	City Immokalee State FL Zip Code 34142	
	Purpose of Disbursement Canvassing Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

4200.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Aime Magdonald	Transaction ID: D206462 Date of Disbursement 12 / 04 / 2008
	Mailing Address 701 Immokalee Dr	Amount of Each Disbursement this Period 400.00
	City Immokalee State FL Zip Code 34142-3140	
	Purpose of Disbursement Canvassing	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) MCI Comm Service	Transaction ID: D210635 Date of Disbursement 12 / 30 / 2008
	Mailing Address 27732 Network Place	Amount of Each Disbursement this Period 20.90
	City Chicago State IL Zip Code 60673	
	Purpose of Disbursement Admin Telephone	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) Oakleaf Waste Management	Transaction ID: D209676 Date of Disbursement 12 / 30 / 2008
	Mailing Address 36821 Eagle Way	Amount of Each Disbursement this Period 44.00
	City Chicago State IL Zip Code 60678	
	Purpose of Disbursement Maintenance	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) .....	▶	464.90
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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) Pat Thomas and Associates Insurance</p> <p>Mailing Address P.O. Box 1919</p> <p>City Quincy State FL Zip Code 32353-1919</p> <p>Purpose of Disbursement Insurance</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> D212656</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ricot Pierre-Fils</p> <p>Mailing Address 701 Immokalee Dr.</p> <p>City Immokalee State FL Zip Code 34142</p> <p>Purpose of Disbursement Canvassing</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> D206460</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="450.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kenneth Pratt</p> <p>Mailing Address 860 N Orlando Ave 371</p> <p>City Orlando State FL Zip Code 32801</p> <p>Purpose of Disbursement Canvassing</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> D211133</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Premium Assignment Mailing Address PO Box 3100 City Tallahassee State FL Zip Code 32315-3100 Purpose of Disbursement Liability Insurance 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: D210709 Date of Disbursement 12 / 18 / 2008
	Amount of Each Disbursement this Period 2137.44

<b>B.</b> Full Name (Last, First, Middle Initial) Premium Assignment Mailing Address PO Box 3100 City Tallahassee State FL Zip Code 32315-3100 Purpose of Disbursement Liability Insurance 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: D210705 Date of Disbursement 12 / 16 / 2008
	Amount of Each Disbursement this Period 1122.16

<b>C.</b> Full Name (Last, First, Middle Initial) Libby Presnell Mailing Address 2125 E. Dellview Rd. City Tallahassee State FL Zip Code 32303 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D206282 Date of Disbursement 11 / 25 / 2008
	Amount of Each Disbursement this Period 610.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3869.60
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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) Pro-Care Janitorial</p> <p>Mailing Address PO Box 2818</p> <p>City Gainesville State FL Zip Code 32602</p> <p>Purpose of Disbursement Maintenance</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> D210653</p> <p>Date of Disbursement 12 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1111.56</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Progress Energy Florida</p> <p>Mailing Address P.O. Box 33199</p> <p>City St. Petersburg State FL Zip Code 33733-8199</p> <p>Purpose of Disbursement Utilities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D210651</p> <p>Date of Disbursement 12 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 219.90</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Hank Rogers</p> <p>Mailing Address 5885 Ebenfield Rd J23</p> <p>City Jacksonville State FL Zip Code 32277</p> <p>Purpose of Disbursement Canvassing</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> D211144</p> <p>Date of Disbursement 12 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 1100.00</p>

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

2431.46

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Eric Rowe	Transaction ID: D213135 Date of Disbursement 11 / 25 / 2008
	Mailing Address 2402 Laura Place	Amount of Each Disbursement this Period 100.00
	City Orlando State FL Zip Code 32803	
	Purpose of Disbursement Canvassing	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) Sid Salvi	Transaction ID: D211140 Date of Disbursement 12 / 17 / 2008
	Mailing Address 97 S Stautter Dr	Amount of Each Disbursement this Period 500.00
	City Naperville State IL Zip Code 60540	
	Purpose of Disbursement Stipend	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) Sandler, Reiff & Young P.C.	Transaction ID: D209684 Date of Disbursement 12 / 30 / 2008
	Mailing Address 300 M Street, S. E. Suite 1102	Amount of Each Disbursement this Period 1200.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Legal Consulting	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) .....	▶	1800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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) Saul Silber Properties, LLC	Transaction ID: D209679 Date of Disbursement 12 / 30 / 2008
	Mailing Address 3434 SW 4th Ave Ste A	Amount of Each Disbursement this Period 480.00
	City Gainesville State FL Zip Code 32607	
	Purpose of Disbursement Office Maintenance	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) Peter Servius	Transaction ID: D206459 Date of Disbursement 12 / 04 / 2008
	Mailing Address 701 Immokalee	Amount of Each Disbursement this Period 450.00
	City Immokalee State FL Zip Code 34142	
	Purpose of Disbursement Canvassing	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) Indravadan Shah	Transaction ID: D206157 Date of Disbursement 11 / 25 / 2008
	Mailing Address 667 Beville Rd. Ste. B	Amount of Each Disbursement this Period 442.16
	City South Daytona State FL Zip Code 32119	
	Purpose of Disbursement Office Maintenance/Repairs	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) .....	▶	1372.16
<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) St. Moritz c/o S&amp;T Bank</p> <p>Mailing Address PO Box 280</p> <p>City Indiana State PA Zip Code 15701</p> <p>Purpose of Disbursement Security</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> D210652</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1031.51"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Staples Business Advantage</p> <p>Mailing Address PO Box 83689</p> <p>City Chicago State IL Zip Code 60696-0001</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D210645</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="79.24"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) TDS Telecom</p> <p>Mailing Address P. O. Box 94510</p> <p>City Palatine State IL Zip Code 60094-4510</p> <p>Purpose of Disbursement Telephone Service</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> D209678</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1143.85"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="2254.60"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Temple Beth Shalom</p> <p>Mailing Address 19140 Lyons Rd.</p> <p>City Boca Raton State FL Zip Code 33434</p> <p>Purpose of Disbursement Meeting Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D252944</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="450.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) TigerDirect. Co</p> <p>Mailing Address 7795 West Flagler St., Ste. 35</p> <p>City Miami State FL Zip Code 33144</p> <p>Purpose of Disbursement Office Equipment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D206432</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="26.88"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Time + Plus Payroll Services</p> <p>Mailing Address 500 Colonial Center Parkway Suite 650</p> <p>City Atlanta State GA Zip Code 30076</p> <p>Purpose of Disbursement Payroll Tax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D208385</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="50443.47"/></p>

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Time + Plus Payroll Services</p> <p>Mailing Address 500 Colonial Center Parkway Suite 650</p> <p>City Atlanta State GA Zip Code 30076</p> <p>Purpose of Disbursement Payroll Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D208386</p> <p>Date of Disbursement 11 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 62.64</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Time + Plus Payroll Services</p> <p>Mailing Address 500 Colonial Center Parkway Suite 650</p> <p>City Atlanta State GA Zip Code 30076</p> <p>Purpose of Disbursement Payroll Tax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D212676</p> <p>Date of Disbursement 12 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 2174.15</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Time + Plus Payroll Services</p> <p>Mailing Address 500 Colonial Center Parkway Suite 650</p> <p>City Atlanta State GA Zip Code 30076</p> <p>Purpose of Disbursement Payroll Tax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D210984</p> <p>Date of Disbursement 12 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 788.57</p>

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

**3025.36**

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Time + Plus Payroll Services</p> <p>Mailing Address 500 Colonial Center Parkway Suite 650</p> <p>City Atlanta State GA Zip Code 30076</p> <p>Purpose of Disbursement Payroll Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D210985 <b>Date of Disbursement</b> 12 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 29.84</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) United Parcel Service</p> <p>Mailing Address PO Box 7247-0244</p> <p>City Philadelphia State PA Zip Code 19170-0001</p> <p>Purpose of Disbursement Shipping</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> D210706 <b>Date of Disbursement</b> 12 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 10.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Visionary Studio, Inc.</p> <p>Mailing Address 6101 Jet Port Industrial Blvd</p> <p>City Tampa State FL Zip Code 33634-5114</p> <p>Purpose of Disbursement Signs/Placards</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> D210669 <b>Date of Disbursement</b> 12 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 15439.59</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	15479.43
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Waste Management, Inc. - Southern Area	Transaction ID: D209677 Date of Disbursement
	Mailing Address 2410 Paces Ferry Rd SE Ste 400	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/>
	City Atlanta State GA Zip Code 30339-1816	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Maintenance	<input type="text" value="57.54"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Waste Management, Inc. - Southern Area	Transaction ID: D209682 Date of Disbursement
	Mailing Address 2410 Paces Ferry Rd SE Ste 400	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/>
	City Atlanta State GA Zip Code 30339-1816	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Maintenance	<input type="text" value="491.05"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Waste Management, Inc. - Southern Area	Transaction ID: D206443 Date of Disbursement
	Mailing Address 2410 Paces Ferry Rd SE Ste 400	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/>
	City Atlanta State GA Zip Code 30339-1816	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Maintenance	<input type="text" value="483.79"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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="1032.38"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Kiley Wayns	Transaction ID: D211097 Date of Disbursement 12 / 17 / 2008
	Mailing Address 116 West Cheltenham Avenue	Amount of Each Disbursement this Period 900.00
	City Philadelphia State PA Zip Code 19120	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WI SCTF	Transaction ID: D210639 Date of Disbursement 12 / 18 / 2008
	Mailing Address P. O. Box 74400	Amount of Each Disbursement this Period 260.29
	City Milwaukee State WI Zip Code 53274	
	Purpose of Disbursement Payroll Taxes Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Xerox Business Services	Transaction ID: D209674 Date of Disbursement 12 / 30 / 2008
	Mailing Address 125 S Wacker, 18th Floor	Amount of Each Disbursement this Period 7921.92
	City Chicago State IL Zip Code 60606	
	Purpose of Disbursement Office Equipment Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	9082.21
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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)  
Xerox Business Services

Transaction ID: D206439  
Date of Disbursement

Mailing Address 125 S Wacker, 18th Floor

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	5		2	0	0	8

City Chicago State IL Zip Code 60606

Amount of Each Disbursement this Period

3355.32
---------

Purpose of Disbursement  
Equipment Rental

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Nicholas Zimmerman

Transaction ID: D205232  
Date of Disbursement

Mailing Address 68 Montague St.  
Apt. 813

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	5		2	0	0	8

City Brooklyn State NY Zip Code 11201

Amount of Each Disbursement this Period

312.50
--------

Purpose of Disbursement  
Staff Reimbursement

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
BJ's Wholesale

Transaction ID: D205547  
Date of Disbursement

Mailing Address 6290 Commerce Palms Drive

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	5		2	0	0	8

City Tampa State FL Zip Code 33647

Amount of Each Disbursement this Period

116.56
--------

Purpose of Disbursement  
Catering Expense

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

[MEMO ITEM]

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

3667.82
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TOTAL This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Church's 536</p> <p>Mailing Address 17331 S Dixie Hwy</p> <p>City Miami State FL Zip Code 33157-4365</p> <p>Purpose of Disbursement Catering Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D205233 <b>Date of Disbursement</b> 11 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 25.66</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Publix Super Markets, Inc.</p> <p>Mailing Address PO Box 407</p> <p>City Lakeland State FL Zip Code 33802-0407</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D205234 <b>Date of Disbursement</b> 11 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 59.08</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Snappers Fish &amp; Chicken</p> <p>Mailing Address 5330 NW 17TH AVE</p> <p>City Miami State FL Zip Code 33142</p> <p>Purpose of Disbursement Catering Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D205235 <b>Date of Disbursement</b> 11 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 111.20</p> <p><b>[MEMO ITEM]</b></p>

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

0.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Ian Kriegish</p> <p>Mailing Address 106 Liberty Cove</p> <p>City Henderson State TN Zip Code 37075</p> <p>Purpose of Disbursement Staff Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D205236</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value=""/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="974.16"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bass Pro Shop</p> <p>Mailing Address 11551 NW 12th St.</p> <p>City Miami State FL Zip Code 33172</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D205238</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value=""/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="272.84"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Carnaval Grocery Store</p> <p>Mailing Address 3691 Evans Ave. #207</p> <p>City Fort Myers State FL Zip Code 33901</p> <p>Purpose of Disbursement Catering Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D205240</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value=""/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="69.37"/></p> <p><b>[MEMO ITEM]</b></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="974.16"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text" value=""/></p>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Costco Wholesale</p> <p>Mailing Address 3333 University Blvd.</p> <p>City Winter Park State FL Zip Code 32792</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D205237</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="558.86"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Little Ceasars Pizza</p> <p>Mailing Address 2580 N Monroe St</p> <p>City Tallahassee State FL Zip Code 32303</p> <p>Purpose of Disbursement Catering Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D205241</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="63.60"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Publix Super Markets, Inc.</p> <p>Mailing Address PO Box 407</p> <p>City Lakeland State FL Zip Code 33802-0407</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D205239</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="9.49"/></p> <p><b>[MEMO ITEM]</b></p>

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 101 / 168

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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) Lisa Vinikoor	Transaction ID: D205242 Date of Disbursement 11 / 25 / 2008
	Mailing Address 11 St. John Street	Amount of Each Disbursement this Period 1032.81
	City Jamaica Plain State MA Zip Code 02130	
	Purpose of Disbursement Staff Reimbursement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Albertsons	Transaction ID: D205243 Date of Disbursement 11 / 25 / 2008
	Mailing Address North Monroe Street	Amount of Each Disbursement this Period 303.00
	City Tallahassee State FL Zip Code 32303	
	Purpose of Disbursement Catering Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FedEx Kinko's	Transaction ID: D205933 Date of Disbursement 11 / 25 / 2008
	Mailing Address 12181 S. Apopka Vineland Road	Amount of Each Disbursement this Period 21.28
	City Orlando State FL Zip Code 32836	
	Purpose of Disbursement Printing Invitations Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	▶	1032.81
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Obama for America	Transaction ID: D205932 Date of Disbursement 11 / 25 / 2008
	Mailing Address P.O. Box 8102	Amount of Each Disbursement this Period 30.00
	City Chicago State IL Zip Code 60680	
	Purpose of Disbursement T-shirt	[MEMO ITEM]
	Candidate Name Barack Obama	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: D205246 Date of Disbursement 11 / 25 / 2008
	Mailing Address PO Box 633211	Amount of Each Disbursement this Period 158.37
	City Cincinnati State OH Zip Code 45263-3211	
	Purpose of Disbursement Office Supplies	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Osceola Board of Commissioners	Transaction ID: D205245 Date of Disbursement 11 / 25 / 2008
	Mailing Address 1 Courthouse Square Suite 4700	Amount of Each Disbursement this Period 113.41
	City Kissimmee State FL Zip Code 34741	
	Purpose of Disbursement Maps	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Parcel Plus	Transaction ID: D205248 Date of Disbursement
	Mailing Address 2875 S. Orange Ave. #500	<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City Orlando State FL Zip Code 32806	Amount of Each Disbursement this Period
	Purpose of Disbursement Shipping	<input type="text" value="32.98"/>
	Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Publix Super Markets, Inc.	Transaction ID: D205244 Date of Disbursement
	Mailing Address PO Box 407	<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City Lakeland State FL Zip Code 33802-0407	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Supplies	<input type="text" value="200.00"/>
	Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: D205247 Date of Disbursement
	Mailing Address 500 Staples Drive	<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City Framingham State MA Zip Code 01702	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Supplies	<input type="text" value="150.18"/>
	Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) USPS Business Mail Entry Unit	Transaction ID: D205249 Date of Disbursement
	Mailing Address PO Box 163506	<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City West Palm Beach State FL Zip Code 33416-3506	Amount of Each Disbursement this Period
	Purpose of Disbursement Postage	<input type="text" value="11.87"/>
	Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) John Bivona	Transaction ID: D206150 Date of Disbursement
	Mailing Address 1945 S. Ocean Dr. 601	<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City Hallandale Beach State FL Zip Code 33009	Amount of Each Disbursement this Period
	Purpose of Disbursement Staff Reimbursement	<input type="text" value="773.00"/>
	Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Gillie's BBQ	Transaction ID: D206151 Date of Disbursement
	Mailing Address 2401 Central Ave.	<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City Saint Petersburg State FL Zip Code 33713	Amount of Each Disbursement this Period
	Purpose of Disbursement Catering Expense	<input type="text" value="773.00"/>
	Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="773.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Lisa Vinikoor	Transaction ID: D206161 Date of Disbursement 12 / 01 / 2008
	Mailing Address 11 St. John Street	Amount of Each Disbursement this Period 930.41
	City Jamaica Plain State MA Zip Code 02130	
	Purpose of Disbursement Staff Reimbursement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Dollar General-Clermont	Transaction ID: D206164 Date of Disbursement 12 / 01 / 2008
	Mailing Address 741 E Highway 50	Amount of Each Disbursement this Period 40.47
	City Clermont State FL Zip Code 34711-3165	
	Purpose of Disbursement Office Supplies Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Dollar Tree Store	Transaction ID: D206166 Date of Disbursement 12 / 01 / 2008
	Mailing Address 500 Volvo Pkwy	Amount of Each Disbursement this Period 178.93
	City Chesapeake State VA Zip Code 23320-1604	
	Purpose of Disbursement Office Supplies Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	930.41
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Just a Buck Mailing Address 7432 Curry Ford Rd City Orlando State FL Zip Code 32822-7932 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D206202 Date of Disbursement 12 / 01 / 2008
	Amount of Each Disbursement this Period 260.33 [MEMO ITEM]

<b>B.</b> Full Name (Last, First, Middle Initial) Office Depot Mailing Address PO Box 633211 City Cincinnati State OH Zip Code 45263-3211 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D206204 Date of Disbursement 12 / 01 / 2008
	Amount of Each Disbursement this Period 8.52 [MEMO ITEM]

<b>C.</b> Full Name (Last, First, Middle Initial) Publix Super Markets, Inc. Mailing Address PO Box 407 City Lakeland State FL Zip Code 33802-0407 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D206168 Date of Disbursement 12 / 01 / 2008
	Amount of Each Disbursement this Period 130.33 [MEMO ITEM]

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Staples Business Advantage</p> <p>Mailing Address PO Box 83689</p> <p>City Chicago State IL Zip Code 60696-0001</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D206167</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="76.90"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Target</p> <p>Mailing Address PO Box 13955</p> <p>City Gainesville State FL Zip Code 32604-1955</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D206162</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="212.95"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Time + Plus Payroll Services</p> <p>Mailing Address 500 Colonial Center Parkway Suite 650</p> <p>City Atlanta State GA Zip Code 30076</p> <p>Purpose of Disbursement Payroll</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> D206500</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="19316.23"/></p>

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

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Ms. Christina Boltin</p> <p>Mailing Address P. O. Box 10302</p> <p>City Tallahassee State FL Zip Code 32302</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D206511 <b>Date of Disbursement</b> 11 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1597.24</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr. William O. Jenkins</p> <p>Mailing Address 562 SW Comet Ter</p> <p>City Port St Lucie State FL Zip Code 34953-2942</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D206513 <b>Date of Disbursement</b> 11 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1389.08</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Leonard Joseph</p> <p>Mailing Address 2626 East Park, Apt.#21104</p> <p>City Tallahassee State FL Zip Code 32301</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D206515 <b>Date of Disbursement</b> 11 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 3865.77</p> <p><b>[MEMO ITEM]</b></p>

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

0.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Eric Jotkoff</p> <p>Mailing Address 3607 Eagle Nest Court</p> <p>City Melbourne State FL Zip Code 32904</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D206516 <b>Date of Disbursement</b> 11 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1389.08</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Elliott A. McCurry</p> <p>Mailing Address 1724 Landings Blvd.</p> <p>City Sarasota State FL Zip Code 34231</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D206518 <b>Date of Disbursement</b> 11 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1389.08</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ms. Anne O Morgan</p> <p>Mailing Address 741 W Keller St</p> <p>City Hernando State FL Zip Code 34442-8810</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D206519 <b>Date of Disbursement</b> 11 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 2636.42</p> <p><b>[MEMO ITEM]</b></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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) Kyle Schulberg</p> <p>Mailing Address 9862 N. Kendall Dr. # D107</p> <p>City Miami State FL Zip Code 33176</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D206520 <b>Date of Disbursement</b> 11 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1258.37</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ms. Alexis Searfoss</p> <p>Mailing Address 960 74th St. N.</p> <p>City Saint Petersburg State FL Zip Code 33710</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D206521 <b>Date of Disbursement</b> 11 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1236.50</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mildred O. Smith</p> <p>Mailing Address 1767 Hermitage Blvd Apt 12105</p> <p>City Tallahassee State FL Zip Code 32308-7722</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D206522 <b>Date of Disbursement</b> 11 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1365.42</p> <p><b>[MEMO ITEM]</b></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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) Karen L. Thurman	Transaction ID: D206523 Date of Disbursement
	Mailing Address 9067 S.W. 190th Ave., Rd.	<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Dunnellon State FL Zip Code 34423	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Candidate Name	<input type="text" value="3189.27"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Karen L. Thurman	Transaction ID: D208421 Date of Disbursement
	Mailing Address 9067 S.W. 190th Ave., Rd.	<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City Dunnellon State FL Zip Code 34423	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Candidate Name	<input type="text" value="9702.14"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Time + Plus Payroll Services	Transaction ID: D208393 Date of Disbursement
	Mailing Address 500 Colonial Center Parkway Suite 650	<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City Atlanta State GA Zip Code 30076	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Candidate Name	<input type="text" value="4697.33"/>
	Office Sought: <input type="checkbox"/> House <input 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="4697.33"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Luis Diaz Gonzalez  Mailing Address 3036 Holland Drive  City Orlando State FL Zip Code 32825  Purpose of Disbursement Salary Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D208394 Date of Disbursement 12 / 15 / 2008  Amount of Each Disbursement this Period 513.72  [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Meghan Moroni  Mailing Address 125 Ridge Road  City New City State NY Zip Code 10956  Purpose of Disbursement Salary Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D208400 Date of Disbursement 12 / 15 / 2008  Amount of Each Disbursement this Period 3102.99  [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Brandon Ricaurte  Mailing Address 3455 Woodcrest Court  City Bettendorf State IA Zip Code 52722  Purpose of Disbursement Salary Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D208399 Date of Disbursement 12 / 15 / 2008  Amount of Each Disbursement this Period 230.87  [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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) Time + Plus Payroll Services	Transaction ID: D209436 Date of Disbursement
	Mailing Address 500 Colonial Center Parkway Suite 650	<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Atlanta State GA Zip Code 30076	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll	<input type="text" value="114400.37"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Angelita Glynn	Transaction ID: D209442 Date of Disbursement
	Mailing Address 451 Glenmoor Road Apt 9	<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City East Lansing State MI Zip Code 48823	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary	<input type="text" value="2016.15"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Irene Hsu	Transaction ID: D209444 Date of Disbursement
	Mailing Address 97 Isabella Ave	<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Atherton State CA Zip Code 94027	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary	<input type="text" value="307.84"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="114400.37"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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) Ms. Alexis Searfoss	Transaction ID: D210872 Date of Disbursement 12 / 16 / 2008
	Mailing Address 960 74th St. N.	Amount of Each Disbursement this Period 64.34
	City Saint Petersburg State FL Zip Code 33710	
	Purpose of Disbursement Staff Reimbursement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Party City	Transaction ID: D210873 Date of Disbursement 12 / 16 / 2008
	Mailing Address 1665 Apalachee Parkway	Amount of Each Disbursement this Period 64.34
	City Tallahassee State FL Zip Code 32301	
	Purpose of Disbursement Catering Supplies Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Ms. Christina Boltin	Transaction ID: D211002 Date of Disbursement 12 / 30 / 2008
	Mailing Address P. O. Box 10302	Amount of Each Disbursement this Period 1597.24
	City Tallahassee State FL Zip Code 32302	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

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

64.34

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Leonard Joseph	Transaction ID: D211003 Date of Disbursement 12 / 30 / 2008
	Mailing Address 2626 East Park, Apt.#21104	Amount of Each Disbursement this Period 3865.77
	City Tallahassee State FL Zip Code 32301	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Eric Jotkoff	Transaction ID: D211004 Date of Disbursement 12 / 30 / 2008
	Mailing Address 3607 Eagle Nest Court	Amount of Each Disbursement this Period 1389.08
	City Melbourne State FL Zip Code 32904	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Lisa M. Kahle	Transaction ID: D211005 Date of Disbursement 12 / 30 / 2008
	Mailing Address 700 Melrose Avenue #J2	Amount of Each Disbursement this Period 999.37
	City Winter Park State FL Zip Code 32789	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Elliott A. McCurry	Transaction ID: D211006 Date of Disbursement 12 / 30 / 2008
	Mailing Address 1724 Landings Blvd.	Amount of Each Disbursement this Period 1389.08
	City Sarasota State FL Zip Code 34231	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Ms. Anne O Morgan	Transaction ID: D211007 Date of Disbursement 12 / 30 / 2008
	Mailing Address 741 W Keller St	Amount of Each Disbursement this Period 2636.42
	City Hernando State FL Zip Code 34442-8810	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Kyle Schulberg	Transaction ID: D211008 Date of Disbursement 12 / 30 / 2008
	Mailing Address 9862 N. Kendall Dr. # D107	Amount of Each Disbursement this Period 1258.37
	City Miami State FL Zip Code 33176	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Alexis Searfoss <hr/> Mailing Address 960 74th St. N. <hr/> City Saint Petersburg State FL Zip Code 33710 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D211009 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 1236.50 [MEMO ITEM]

<b>B.</b> Full Name (Last, First, Middle Initial) Mildred O. Smith <hr/> Mailing Address 1767 Hermitage Blvd Apt 12105 <hr/> City Tallahassee State FL Zip Code 32308-7722 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D211010 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 1365.42 [MEMO ITEM]

<b>C.</b> Full Name (Last, First, Middle Initial) Karen L. Thurman <hr/> Mailing Address 9067 S.W. 190th Ave., Rd. <hr/> City Dunnellon State FL Zip Code 34423 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D211011 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 3447.60 [MEMO ITEM]

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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) 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 Payroll 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: D210983 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 2744.82

<b>B.</b> Full Name (Last, First, Middle Initial) Paul C Gaige <hr/> Mailing Address 7214 Tuppecanoe Rd <hr/> City Canfield State OH Zip Code 44406 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D210996 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 849.75  <b>[MEMO ITEM]</b>

<b>C.</b> Full Name (Last, First, Middle Initial) Bobby Jones <hr/> Mailing Address 20254 NW 320 St <hr/> City Opa Locka State FL Zip Code 33056 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D210997 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 340.44  <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2744.82
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Maria Ocampo</p> <p>Mailing Address 421 Independence Ave SE Apt 1</p> <p>City Washington State DC Zip Code 20003-1038</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D210998 <b>Date of Disbursement</b> 12 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 323.22</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Towanna Rivers</p> <p>Mailing Address 2830 SW 2nd St</p> <p>City Fort Lauderdale State FL Zip Code 33312-1206</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D210999 <b>Date of Disbursement</b> 12 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 369.40</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Theofanis Verinakis</p> <p>Mailing Address 1771 E 9th Ave</p> <p>City Tampa State FL Zip Code 33605-3801</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D211000 <b>Date of Disbursement</b> 12 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 313.84</p> <p><b>[MEMO ITEM]</b></p>

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Erica N Wright			Transaction ID: D211001 Date of Disbursement																					
	Mailing Address 269 NW 7th St Unit 421			<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>2</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y																
1	2		3	0		2	0	0	8																
	City Miami	State FL	Zip Code 33136	Amount of Each Disbursement this Period																					
	Purpose of Disbursement Salary			<table border="1"> <tr> <td colspan="10">548.17</td> </tr> </table>			548.17																		
548.17																									
	Candidate Name			Category/ Type																					
	Office Sought:	Disbursement For:																							
	<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General																							
	<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																							
	<input type="checkbox"/> President																								
	State: District:																								

[MEMO ITEM]

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

0.00

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

340229.02

**SCHEDULE 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 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) Andre Doren	Transaction ID: D212597 Date of Disbursement 12 / 08 / 2008
	Mailing Address 4113 Trenton Ave	Amount of Each Disbursement this Period 13.00
	City Cooper City State FL Zip Code 33026	
	Purpose of Disbursement Contribution Refund	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Sean Durham	Transaction ID: D212596 Date of Disbursement 12 / 10 / 2008
	Mailing Address 165 Sabal Lane	Amount of Each Disbursement this Period 25.00
	City Englewood State FL Zip Code 34223	
	Purpose of Disbursement Contribution Refund	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Gary Opper	Transaction ID: D212593 Date of Disbursement 12 / 19 / 2008
	Mailing Address 1226 Jasmine Circle	Amount of Each Disbursement this Period 250.00
	City Weston State FL Zip Code 33326	
	Purpose of Disbursement Contribution Refund	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>288.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>288.00</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

Franklin Sands

Mailing Address 16170 Saddle Lane

City State Zip Code  
Weston FL 33326

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D212594

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input 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) Checkmate Consulting	Transaction ID: D214591 Date of Disbursement
	Mailing Address 3509 Connecticut Ave. NW #1075	<input type="text" value="12"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20008	Amount of Each Disbursement this Period
	Purpose of Disbursement Generic Direct Mail	<input type="text" value="23075.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FedEx Kinko's	Transaction ID: D206599 Date of Disbursement
	Mailing Address 12181 S. Apopka Vineland Road	<input type="text" value="12"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City Orlando State FL Zip Code 32836	Amount of Each Disbursement this Period
	Purpose of Disbursement Printing Flyers	<input type="text" value="24.45"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Lonnie Ferguson	Transaction ID: D210654 Date of Disbursement
	Mailing Address 214 S Bronough St	<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Tallahassee State FL Zip Code 32301-1705	Amount of Each Disbursement this Period
	Purpose of Disbursement Rally Site Rental	<input type="text" value="1050.00"/>
	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="24149.45"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input 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) Tyrik McKeiver</p> <p>Mailing Address 824 Kentucky Ave SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D206433 <b>Date of Disbursement</b> 12 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 1289.70</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Hank Rogers</p> <p>Mailing Address 5885 Ebenfield Rd J23</p> <p>City Jacksonville State FL Zip Code 32277</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D206159 <b>Date of Disbursement</b> 12 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 383.09</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Brenda Tims</p> <p>Mailing Address 1348 NW 95th St.</p> <p>City Miami State FL Zip Code 33147</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D211290 <b>Date of Disbursement</b> 12 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 299.26</p>

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

1972.05

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input 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) FedEx Kinko's Mailing Address 12181 S. Apopka Vineland Road City Orlando State FL Zip Code 32836 Purpose of Disbursement Printing Flyers 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: D206163 Date of Disbursement 12 / 01 / 2008	Amount of Each Disbursement this Period 21.98 [MEMO ITEM]
<b>B.</b>	Full Name (Last, First, Middle Initial) Paul C Gaige Mailing Address 7214 Tuppecanoe Rd City Canfield State OH Zip Code 44406 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D208396 Date of Disbursement 12 / 15 / 2008	Amount of Each Disbursement this Period 849.75 [MEMO ITEM]
<b>C.</b>	Full Name (Last, First, Middle Initial) Lakeecia R Allen Mailing Address 10224 Prince Place #105 City Upper Mareboro State MD Zip Code 20774 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D209438 Date of Disbursement 11 / 30 / 2008	Amount of Each Disbursement this Period 2230.96 [MEMO ITEM]

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

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

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

FOR LINE NUMBER:  
(check only one)

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<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) Olivia R Armenta	Transaction ID: D209451 Date of Disbursement 11 / 30 / 2008
	Mailing Address 422 W 4th St	Amount of Each Disbursement this Period 1894.21
	City Tucson State AZ Zip Code 85705	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Garrett O Arwa	Transaction ID: D209452 Date of Disbursement 11 / 30 / 2008
	Mailing Address 11 Wildflower Way	Amount of Each Disbursement this Period 2604.17
	City Rochester State NH Zip Code 03868	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Jason Barnaby	Transaction ID: D209453 Date of Disbursement 11 / 30 / 2008
	Mailing Address 815 McBean Ct	Amount of Each Disbursement this Period 2267.42
	City McDonough State GA Zip Code 30252	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Nicholas Bath	Transaction ID: D209454 Date of Disbursement 11 / 30 / 2008
	Mailing Address 2100 19th St NW #503	Amount of Each Disbursement this Period 2786.46
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Andrew Baxter	Transaction ID: D209455 Date of Disbursement 11 / 30 / 2008
	Mailing Address 838 22nd St	Amount of Each Disbursement this Period 1930.67
	City San Francisco State CA Zip Code 94107	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Anderia Bishop	Transaction ID: D209456 Date of Disbursement 11 / 30 / 2008
	Mailing Address 1810 Willow Branch Lane	Amount of Each Disbursement this Period 1930.67
	City Kennesaw State GA Zip Code 30152	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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) Jordan J Budd</p> <p>Mailing Address 128 Century Dr</p> <p>City Easley State SC Zip Code 29642</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D209457 <b>Date of Disbursement</b> 11 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1894.21</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Sara Buettner-Connelly</p> <p>Mailing Address 1910 E. Palm Ave. 8105</p> <p>City Tampa State FL Zip Code 33605</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D209458 <b>Date of Disbursement</b> 11 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1043.12</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Matthew J Burdine</p> <p>Mailing Address 19015 Richmond Beach Dr</p> <p>City Seattle State WA Zip Code 98117</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D209459 <b>Date of Disbursement</b> 11 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1930.67</p> <p><b>[MEMO ITEM]</b></p>

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

0.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input 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)  
Jannesa Calvo-Friedman

Transaction ID: D209460  
Date of Disbursement

Mailing Address 14 West 17th St  
Apt 12

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	0	8

City State Zip Code  
New York NY 10011

Amount of Each Disbursement this Period

1930.67
---------

Purpose of Disbursement  
Salary  
Candidate Name

Category/  
Type

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Akilah Carter-Davis

Transaction ID: D209439  
Date of Disbursement

Mailing Address 4545 S Drexel Blvd Unit 1c

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	0	8

City State Zip Code  
Chicago IL 60653

Amount of Each Disbursement this Period

2525.91
---------

Purpose of Disbursement  
Salary  
Candidate Name

Category/  
Type

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Rachelle Chapman

Transaction ID: D209440  
Date of Disbursement

Mailing Address 1114 N Paulina Street

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	0	8

City State Zip Code  
Chicago IL 60622

Amount of Each Disbursement this Period

2059.90
---------

Purpose of Disbursement  
Salary  
Candidate Name

Category/  
Type

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

[MEMO ITEM]

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

0.00
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TOTAL This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER: (check only one)

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<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) Daniel K Correa</p> <p>Mailing Address 4 Sunnyside Rd</p> <p>City Scotia State NY Zip Code 12302-2409</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D209461 <b>Date of Disbursement</b> 11 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 3572.82</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Joy M Cushman</p> <p>Mailing Address 53 Dupont Dr Apt F3</p> <p>City Presque Isle State ME Zip Code 04769</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D209462 <b>Date of Disbursement</b> 11 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 2434.24</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Corey A Day</p> <p>Mailing Address 3518 Nicollet Ave Apt 203</p> <p>City Minneapolis State MN Zip Code 55408</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D209463 <b>Date of Disbursement</b> 11 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 2566.74</p> <p><b>[MEMO ITEM]</b></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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<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) Katherine L Denman	Transaction ID: D209464 Date of Disbursement 11 / 30 / 2008
	Mailing Address 760 Oak Spring Ln	Amount of Each Disbursement this Period 2267.42
	City Libertyville State IL Zip Code 60048	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) James Faeh	Transaction ID: D209465 Date of Disbursement 11 / 30 / 2008
	Mailing Address 1610 Atkamire Rd	Amount of Each Disbursement this Period 824.80
	City Tallahassee State FL Zip Code 32304-4610	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Paul C Gaige	Transaction ID: D209441 Date of Disbursement 11 / 30 / 2008
	Mailing Address 7214 Tippecanoe Rd	Amount of Each Disbursement this Period 849.75
	City Canfield State OH Zip Code 44406	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<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) Christopher B Gaskins	Transaction ID: D209466 Date of Disbursement 11 / 30 / 2008
	Mailing Address 703 Guinevere Ct	Amount of Each Disbursement this Period 1857.75
	City Statesboro State GA Zip Code 30458	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Veronica Glover	Transaction ID: D209446 Date of Disbursement 11 / 30 / 2008
	Mailing Address 1422 Evergreen Ave	Amount of Each Disbursement this Period 1038.00
	City Jacksonville State FL Zip Code 32206	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Adam Herling	Transaction ID: D209443 Date of Disbursement 11 / 30 / 2008
	Mailing Address 1804 Camino de la Canada	Amount of Each Disbursement this Period 323.22
	City Santa Fe State NM Zip Code 87501	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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<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) Sonia A Hinson</p> <p>Mailing Address 6510 Wright Circle NE</p> <p>City Atlanta State GA Zip Code 30328</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D209467 <b>Date of Disbursement</b> 11 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1857.75</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jeffrey Ingram</p> <p>Mailing Address 2610 Lanrick Cove</p> <p>City Memphis State TN Zip Code 38119</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D209445 <b>Date of Disbursement</b> 11 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 2566.74</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jacob Itzkowitz</p> <p>Mailing Address 125 E 87th St</p> <p>City New York State NY Zip Code 10128</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D209468 <b>Date of Disbursement</b> 11 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 2230.96</p> <p><b>[MEMO ITEM]</b></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<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) Mr. Alain Jean</p> <p>Mailing Address 747 NW 2nd Avenue</p> <p>City Fort Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D209486 <b>Date of Disbursement</b> 11 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 2525.91</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Devon Jenkins</p> <p>Mailing Address 301 W Kinnear Pl</p> <p>City Seattle State WA Zip Code 98119</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D209469 <b>Date of Disbursement</b> 11 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1930.67</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Josephine Jimarez-Howard</p> <p>Mailing Address 1428 Hawthorne</p> <p>City El Paso State TX Zip Code 79902</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D209470 <b>Date of Disbursement</b> 11 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1894.21</p> <p><b>[MEMO ITEM]</b></p>

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

0.00

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

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input 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) Jacob Klein	Transaction ID: D209447 Date of Disbursement 11 / 30 / 2008
	Mailing Address 1771 E 9th Ave	Amount of Each Disbursement this Period 2604.17
	City Tampa State FL Zip Code 33605-3801	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Naomi H Klein	Transaction ID: D209471 Date of Disbursement 11 / 30 / 2008
	Mailing Address 699 Willow Mill Ct	Amount of Each Disbursement this Period 1857.75
	City Marietta State GA Zip Code 30068	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Amanda K Koenigsknecht	Transaction ID: D209472 Date of Disbursement 11 / 30 / 2008
	Mailing Address 1711 N Hayne #2N	Amount of Each Disbursement this Period 3572.82
	City Chicago State IL Zip Code 60647	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s)  
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Detailed Summary Page

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

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

A.	Full Name (Last, First, Middle Initial) James Koger	Transaction ID: D209473 Date of Disbursement 11 / 30 / 2008
	Mailing Address 5075 Starfish Dr SE Apt A	Amount of Each Disbursement this Period 1930.67
	City Saint Petersburg State FL Zip Code 33705-6364	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Stephen E Lyle	Transaction ID: D209474 Date of Disbursement 11 / 30 / 2008
	Mailing Address 652 Darlington Rd	Amount of Each Disbursement this Period 1857.75
	City Atlanta State GA Zip Code 30305	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Olivia Magowen	Transaction ID: D209497 Date of Disbursement 11 / 30 / 2008
	Mailing Address 720 Park Ave.	Amount of Each Disbursement this Period 678.99
	City New York State NY Zip Code 10021	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

0.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<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) Jaclyn McCormick	Transaction ID: D209494 Date of Disbursement 11 / 30 / 2008
	Mailing Address 2444 NW 87 Ter	Amount of Each Disbursement this Period 1043.12
	City Miami State FL Zip Code 33147	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Christina M McIntee	Transaction ID: D209475 Date of Disbursement 11 / 30 / 2008
	Mailing Address 1522 Maple St	Amount of Each Disbursement this Period 1930.67
	City Columbia State SC Zip Code 29205	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Richard McPhillips	Transaction ID: D209476 Date of Disbursement 11 / 30 / 2008
	Mailing Address 3715 Old Leeds Rd	Amount of Each Disbursement this Period 2566.74
	City Birmingham State AL Zip Code 35213	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<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) Kira A Mesdag</p> <p>Mailing Address 1 Oakmont Dr</p> <p>City Los Angeles State CA Zip Code 90049</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D209477 <b>Date of Disbursement</b> 11 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 2267.42</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Aaron Myers</p> <p>Mailing Address 200 S. Benton St. Apt. 101</p> <p>City Corsicano State TX Zip Code 75110</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D209437 <b>Date of Disbursement</b> 11 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1967.13</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Blake M Narenda</p> <p>Mailing Address 15400 Emerald Coast Pkwy Ph 7A</p> <p>City Destin State FL Zip Code 32541-8537</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D209478 <b>Date of Disbursement</b> 11 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 2604.17</p> <p><b>[MEMO ITEM]</b></p>

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

0.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<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) JaLynda L Parker</p> <p>Mailing Address 101 Big Horn Dr</p> <p>City Gulfport State MS Zip Code 39503</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D209479 <b>Date of Disbursement</b> 11 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1930.67</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mikhel A Paul</p> <p>Mailing Address 2664 Indian Cliffs Ln</p> <p>City Montgomery State IL Zip Code 60538</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D209480 <b>Date of Disbursement</b> 11 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 2112.96</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Shain K Raley</p> <p>Mailing Address 720 Radford Pl</p> <p>City Knoxville State TN Zip Code 37917</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D209481 <b>Date of Disbursement</b> 11 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 2446.65</p> <p><b>[MEMO ITEM]</b></p>

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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<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) Jose Rengel	Transaction ID: D209482 Date of Disbursement 11 / 30 / 2008
	Mailing Address 9468 Wondering Way	Amount of Each Disbursement this Period 2604.17
	City Columbia State MD Zip Code 21045	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Brandon Ricaurte	Transaction ID: D209448 Date of Disbursement 11 / 30 / 2008
	Mailing Address 3455 Woodcrest Court	Amount of Each Disbursement this Period 323.22
	City Bettendorf State IA Zip Code 52722	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Kayla Rodriguez	Transaction ID: D209449 Date of Disbursement 11 / 30 / 2008
	Mailing Address 2418 Camden Oaks	Amount of Each Disbursement this Period 806.00
	City Valrico State FL Zip Code 33594	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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<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) Andrew Saxon	Transaction ID: D209483 Date of Disbursement 11 / 30 / 2008
	Mailing Address 805 Virginia Cir	Amount of Each Disbursement this Period 2230.96
	City Atlanta State GA Zip Code 30306	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Omar Shaw	Transaction ID: D209450 Date of Disbursement 11 / 30 / 2008
	Mailing Address 5072 SW 130th Terrace	Amount of Each Disbursement this Period 774.24
	City Miramar State FL Zip Code 33027	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Jennifer L Sokol	Transaction ID: D209495 Date of Disbursement 11 / 30 / 2008
	Mailing Address 2214 Archway	Amount of Each Disbursement this Period 2230.96
	City Irvine State CA Zip Code 92618	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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<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) Rene M Spellman	Transaction ID: D209484 Date of Disbursement 11 / 30 / 2008
	Mailing Address 7816 Morningside Dr NW	Amount of Each Disbursement this Period 2677.08
	City Washington State DC Zip Code 20012	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Miranda L Stone	Transaction ID: D209485 Date of Disbursement 11 / 30 / 2008
	Mailing Address 363 W 30th St Apt 10A	Amount of Each Disbursement this Period 2112.96
	City New York State NY Zip Code 10001-2764	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Shannon Valley	Transaction ID: D209487 Date of Disbursement 11 / 30 / 2008
	Mailing Address 11507 Burlwood Dr. ----	Amount of Each Disbursement this Period 1389.08
	City Houston State TX Zip Code 77089	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 143 / 168

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

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

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

A.	Full Name (Last, First, Middle Initial) Lisa Vinikoor	Transaction ID: D209488 Date of Disbursement 11 / 30 / 2008
	Mailing Address 11 St. John Street	Amount of Each Disbursement this Period 827.88
	City Jamaica Plain State MA Zip Code 02130	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Andrea J Washington	Transaction ID: D209489 Date of Disbursement 11 / 30 / 2008
	Mailing Address P.O. Box 916	Amount of Each Disbursement this Period 1930.67
	City Walthourville State GA Zip Code 31333	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Nikasha Wells	Transaction ID: D209490 Date of Disbursement 11 / 30 / 2008
	Mailing Address 2621 Village Blvd #304	Amount of Each Disbursement this Period 2112.96
	City West Palm Beach State FL Zip Code 33409	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Edward L Williams</p> <p>Mailing Address 1195 Milton Terrace #5301</p> <p>City Atlanta State GA Zip Code 30315</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D209491 <b>Date of Disbursement</b> 11 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1930.67</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Casey W Willits</p> <p>Mailing Address 2145 Loren Circle</p> <p>City Fayetteville State AR Zip Code 72701</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D209492 <b>Date of Disbursement</b> 11 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1894.21</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Nicholas Zimmerman</p> <p>Mailing Address 68 Montague St. Apt. 813</p> <p>City Brooklyn State NY Zip Code 11201</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D209493 <b>Date of Disbursement</b> 11 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1089.62</p> <p><b>[MEMO ITEM]</b></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	26121.50

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 145 / 168
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Production Resource Group	Nature of Debt (Purpose): Audio Visual/Conference
Mailing Address 1902 Cypress Lake Dr	
City State ZIP Code Orlando FL 32837-8458	

Outstanding Balance Beginning This Period	<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 1462567.66		
City	State	Zip Code	Category/Type		
Tallahassee	FL	32301-1419			
Purpose of Disbursement: Office Rental			Date <input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2008"/> <b>Transaction ID:</b> D208455		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
978.25		2515.50		3493.75

<b>B. Full Name (Last, First, Middle Initial)</b> Capital Health Plan			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="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 1678			Allocated Activity or Event Year-To-Date 1462567.66		
City	State	Zip Code	Category/Type		
Tallahassee	FL	32302-1678			
Purpose of Disbursement: Health Benefits			Date <input type="text" value="12"/> / <input type="text" value="18"/> / <input type="text" value="2008"/> <b>Transaction ID:</b> D210622		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
523.16		1345.26		1868.42

<b>C. Full Name (Last, First, Middle Initial)</b> Elinor Doyle Florist			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="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 204 S Adams St			Allocated Activity or Event Year-To-Date 1462567.66		
City	State	Zip Code	Category/Type		
Tallahassee	FL	32301-1733			
Purpose of Disbursement: Flowers			Date <input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2008"/> <b>Transaction ID:</b> D212674		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
99.33		255.42		354.75

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1600.74		4116.18		5716.92

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

<b>A. Full Name (Last, First, Middle Initial)</b> 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 <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">1462567.66</div>	
City Charlotte	State NC	Zip Code 28296-0064	Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">12 / 24 / 2008</div>	
Purpose of Disbursement: Admin Telephone Services				
Activity or Event Identifier: Administrative			Transaction ID: D212682	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
177.77		457.12		634.89

<b>B. 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 <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">1462567.66</div>	
City Charlotte	State NC	Zip Code 28296-0064	Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">12 / 24 / 2008</div>	
Purpose of Disbursement: Admin Telephone Service				
Activity or Event Identifier: Administrative			Transaction ID: D212683	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
31.12		80.02		111.14

<b>C. Full Name (Last, First, Middle Initial)</b> Embarq Communications			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="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 88026			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">1462567.66</div>	
City Chicago	State IL	Zip Code 60680-1026	Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">12 / 09 / 2008</div>	
Purpose of Disbursement: Telephone Service				
Activity or Event Identifier: Administrative			Transaction ID: D206596	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
177.77		457.12		634.89

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
386.66		994.26		1380.92

**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> 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 1462567.66		
City Orlando	State FL	Zip Code 32891-7807	Date <input type="text" value="12"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>		
Purpose of Disbursement: Insurance			Transaction ID: D206608		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
175.84		452.16		628.00

<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 Treasury Department			Allocated Activity or Event Year-To-Date 1462567.66		
City Ogden	State UT	Zip Code 84201-0039	Date <input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>		
Purpose of Disbursement: Licenses/Taxes			Transaction ID: D206155		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
102.74		264.18		366.92

<b>C. Full Name (Last, First, Middle Initial)</b> John D Tasciotti			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="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 228 Dixie Dr.			Allocated Activity or Event Year-To-Date 1462567.66		
City Tallahassee	State FL	Zip Code 32304	Date <input type="text" value="12"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>		
Purpose of Disbursement: Salary			Transaction ID: D210641		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
151.20		388.80		540.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
429.78		1105.14		1534.92

**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> Kyle Schulberg			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="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 9862 N. Kendall Dr. # D107			Allocated Activity or Event Year-To-Date 1462567.66		
City Miami	State FL	Zip Code 33176	Date MM / DD / YYYY 12 / 10 / 2008		
Purpose of Disbursement: Travel Reimbursement			Transaction ID: D212675		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
40.76		104.82		145.58

<b>B. Full Name (Last, First, Middle Initial)</b> Mary Brogan Museum of Art & Science			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="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 350 South Duval Street			Allocated Activity or Event Year-To-Date 1462567.66		
City Tallahassee	State FL	Zip Code 32301	Date MM / DD / YYYY 12 / 10 / 2008		
Purpose of Disbursement: Site Rental			Transaction ID: D210629		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
140.00		360.00		500.00

<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 1462567.66		
City Tallahassee	State FL	Zip Code 32310-4603	Date MM / DD / YYYY 12 / 09 / 2008		
Purpose of Disbursement: Janitorial Service			Transaction ID: D212672		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
280.00		720.00		1000.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
460.76		1184.82		1645.58

**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)**  
PitneyBowes  
Mailing Address  
P.O. Box 856042  
City State Zip Code  
Louisville KY 40285-6390  
Purpose of Disbursement:  
Equipment Rental  
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  
1462567.66  
Date 12 / 04 / 2008  
Transaction ID: D206458

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
54.18		139.32		193.50

**B. Full Name (Last, First, Middle Initial)**  
Ricoh Americas Corporation  
Mailing Address  
21146 Network Place  
City State Zip Code  
Chicago IL 60673-1211  
Purpose of Disbursement:  
Admin Lease  
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  
1462567.66  
Date 12 / 09 / 2008  
Transaction ID: D206593

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
291.74		750.19		1041.93

**C. Full Name (Last, First, Middle Initial)**  
Service Office Supply  
Mailing Address  
PO Box 15038  
City State Zip Code  
Tallahassee FL 32317-5038  
Purpose of Disbursement:  
Office Supplies  
Activity or Event Identifier:  
Administrative

Type of Allocated Activity:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
Allocated Activity or Event Year-To-Date  
1462567.66  
Date 12 / 01 / 2008  
Transaction ID: D206149

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
36.65		94.24		130.89

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
382.57		983.75		1366.32

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

<b>A. Full Name (Last, First, Middle Initial)</b> Service Office Supply			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 15038			Allocated Activity or Event Year-To-Date 1462567.66		
City	State	Zip Code	Category/Type		
Tallahassee	FL	32317-5038			
Purpose of Disbursement: Office Supplies					
Activity or Event Identifier: Administrative			Date <input type="text" value="12"/> / <input type="text" value="08"/> / <input type="text" value="2008"/> <b>Transaction ID:</b> D206606		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
96.97		249.35		346.32

<b>B. Full Name (Last, First, Middle Initial)</b> Signature Office Products, Inc.			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 668-12 Capital Circle NE			Allocated Activity or Event Year-To-Date 1462567.66		
City	State	Zip Code	Category/Type		
Tallahassee	FL	32301			
Purpose of Disbursement: Office Supplies					
Activity or Event Identifier: Administrative			Date <input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2008"/> <b>Transaction ID:</b> D206595		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
27.40		70.44		97.84

<b>C. Full Name (Last, First, Middle Initial)</b> Spencer McCall			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="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 2560 Centerville Cir			Allocated Activity or Event Year-To-Date 1462567.66		
City	State	Zip Code	Category/Type		
Tallahassee	FL	32308			
Purpose of Disbursement: Salary					
Activity or Event Identifier: Administrative			Date <input type="text" value="12"/> / <input type="text" value="16"/> / <input type="text" value="2008"/> <b>Transaction ID:</b> D212645		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
45.92		118.08		164.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
170.29		437.87		608.16

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

<b>A. Full Name (Last, First, Middle Initial)</b> 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 1462567.66		
City	State	Zip Code	Category/ Type		
Cincinnati	OH	45274-2596			
Purpose of Disbursement: Cell Phone			Date <input type="text" value="12"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>		
Activity or Event Identifier: Administrative			Transaction ID: D206607		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
20.42		52.51		72.93

<b>B. Full Name (Last, First, Middle Initial)</b> The Service Source			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="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 279			Allocated Activity or Event Year-To-Date 1462567.66		
City	State	Zip Code	Category/ Type		
Adrian	MI	49221			
Purpose of Disbursement: Shipping			Date <input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2008"/>		
Activity or Event Identifier: Administrative			Transaction ID: D206592		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.26		26.40		36.66

<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 1462567.66		
City	State	Zip Code	Category/ Type		
Dunnellon	FL	34423			
Purpose of Disbursement: Mileage			Date <input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>		
Activity or Event Identifier: Administrative			Transaction ID: D212670		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
260.12		668.88		929.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
290.80		747.79		1038.59

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

**A. Full Name (Last, First, Middle Initial)**  
Time + Plus Payroll Services  
Mailing Address  
500 Colonial Center Parkway Suite 650  
City State Zip Code  
Atlanta GA 30076  
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  
1462567.66  
Date 12 / 30 / 2008  
Transaction ID: D210981

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1600.87		4116.51		5717.38

**B. Full Name (Last, First, Middle Initial)**  
Time + Plus Payroll Services  
Mailing Address  
500 Colonial Center Parkway Suite 650  
City State Zip Code  
Atlanta GA 30076  
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  
1462567.66  
Date 12 / 15 / 2008  
Transaction ID: D212655

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
13.84		35.60		49.44

**C. Full Name (Last, First, Middle Initial)**  
Time + Plus Payroll Services  
Mailing Address  
500 Colonial Center Parkway Suite 650  
City State Zip Code  
Atlanta GA 30076  
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  
1462567.66  
Date 12 / 15 / 2008  
Transaction ID: D212677

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
9.20		23.64		32.84

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1623.91		4175.75		5799.66

**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> Time + Plus Payroll Services			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 500 Colonial Center Parkway Suite 650			Allocated Activity or Event Year-To-Date 1462567.66		
City Atlanta	State GA	Zip Code 30076	Date M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 8		
Purpose of Disbursement: Payroll Tax			Transaction ID: D208381		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1787.12		4595.46		6382.58

<b>B. Full Name (Last, First, Middle Initial)</b> Time + Plus Payroll Services			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 500 Colonial Center Parkway Suite 650			Allocated Activity or Event Year-To-Date 1462567.66		
City Atlanta	State GA	Zip Code 30076	Date M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 8		
Purpose of Disbursement: Payroll Fees			Transaction ID: D208382		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
11.16		28.68		39.84

<b>C. Full Name (Last, First, Middle Initial)</b> Time + Plus Payroll Services			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 500 Colonial Center Parkway Suite 650			Allocated Activity or Event Year-To-Date 1462567.66		
City Atlanta	State GA	Zip Code 30076	Date M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 8		
Purpose of Disbursement: Payroll Tax			Transaction ID: D208391		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5692.48		14637.81		20330.29

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7490.76		19261.95		26752.71

**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 1462567.66		
City Tallahassee	State FL	Zip Code 32302	Date <input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>		
Purpose of Disbursement: Staff Reimbursement			Transaction ID: D206464		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
33.60		86.40		120.00

<b>B. Full Name (Last, First, Middle Initial)</b> Alltel			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="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 8000			Allocated Activity or Event Year-To-Date 1462567.66		
City Little Rock	State AR	Zip Code 72203-8000	Date <input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>		
Purpose of Disbursement: Cell Phone			Transaction ID: D206465		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
33.60		86.40		120.00

<b>C. Full Name (Last, First, Middle Initial)</b> Elliott A. McCurry			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="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 1724 Landings Blvd.			Allocated Activity or Event Year-To-Date 1462567.66		
City Sarasota	State FL	Zip Code 34231	Date <input type="text" value="12"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>		
Purpose of Disbursement: Staff Reimbursement			Transaction ID: D206631		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
125.57		322.88		448.45

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
159.17		409.28		568.45

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

<b>A. Full Name (Last, First, Middle Initial)</b> 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 1462567.66		
City NY	State NY	Zip Code 10019	Date <input type="text" value="12"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>		
Purpose of Disbursement: Email Services			Transaction ID: D206632		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
125.57		322.88		448.45

<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 1462567.66		
City Hernando	State FL	Zip Code 34442-8810	Date <input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2008"/>		
Purpose of Disbursement: Staff Reimbursement			Transaction ID: D206636		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
313.56		806.30		1119.86

<b>C. Full Name (Last, First, Middle Initial)</b> City of Tallahassee			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 600 N Monroe St			Allocated Activity or Event Year-To-Date 1462567.66		
City Tallahassee	State FL	Zip Code 32301-1262	Date <input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2008"/>		
Purpose of Disbursement: Utilities			Transaction ID: D206642		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
68.20		175.37		243.57

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
313.56		806.30		1119.86

**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)**  
Ms. Anne O Morgan

Mailing Address  
741 W Keller St

City State Zip Code  
Hernando FL 34442-8810

Purpose of Disbursement:  
Mileage

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

1462567.66

Date  /  /

Transaction ID: D206637

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
196.49		505.27		701.76

**B. Full Name (Last, First, Middle Initial)**  
Office Depot

Mailing Address  
PO Box 633211

City State Zip Code  
Cincinnati OH 45263-3211

Purpose of Disbursement:  
Office Supplies

Category/  
Type

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1462567.66

Date  /  /

Transaction ID: D206639

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.82		20.12		27.94

**C. Full Name (Last, First, Middle Initial)**  
Publix Super Markets, Inc.

Mailing Address  
PO Box 407

City State Zip Code  
Lakeland FL 33802-0407

Purpose of Disbursement:  
Office Supplies

Category/  
Type

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1462567.66

Date  /  /

Transaction ID: D206638

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.74		7.05		9.79

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

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

<b>A. Full Name (Last, First, Middle Initial)</b> Sprint Mailing Address PO Box 88026 City State Zip Code Chicago IL 60680-1026 Purpose of Disbursement: Cell Phone Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>	Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date <input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2008"/> <b>Transaction ID:</b> D206641
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FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="33.60"/>		<input type="text" value="86.40"/>		<input type="text" value="120.00"/>

<b>B. Full Name (Last, First, Middle Initial)</b> United States Post Office Mailing Address 2700 Campus Dr City State Zip Code San Mateo CA 94497-0001 Purpose of Disbursement: Postage Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>	Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date <input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2008"/> <b>Transaction ID:</b> D206640
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FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="4.70"/>		<input type="text" value="12.10"/>		<input type="text" value="16.80"/>

<b>C. Full Name (Last, First, Middle Initial)</b> Time + Plus Payroll Services Mailing Address 500 Colonial Center Parkway Suite 650 City State Zip Code Atlanta GA 30076 Purpose of Disbursement: Payroll Activity or Event Identifier: Administrative	Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date <input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2008"/> <b>Transaction ID:</b> D208390
--	---

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="17348.99"/>		<input type="text" value="44611.72"/>		<input type="text" value="61960.71"/>

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="17348.99"/>		<input type="text" value="44611.72"/>		<input type="text" value="61960.71"/>

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
<input type="text"/>		<input type="text"/>		<input type="text"/>

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

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

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

Mailing Address  
P. O. Box 10302

City	State	Zip Code	
Tallahassee	FL	32302	

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

1462567.66

Date  /  /

Transaction ID: D208397

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1355.54		3485.68		4841.22

**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

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

1462567.66

Date  /  /

Transaction ID: D208414

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1166.83		3000.41		4167.24

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

Mailing Address  
228 Dixie Dr, Apt. 906

City	State	Zip Code	
Tallahassee	FL	32304	

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

1462567.66

Date  /  /

Transaction ID: D208417

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
876.22		2253.14		3129.36

**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)**  
Leonard Joseph

Mailing Address  
2626 East Park, Apt.#21104

City State Zip Code  
Tallahassee FL 32301

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

1462567.66

Activity or Event Identifier:  
Administrative

**[MEMO ITEM]**

Date 12 / 15 / 2008

Transaction ID: D208398

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
3562.25 + 9160.06 = 12722.31

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

Mailing Address  
9862 N. Kendall Dr. # D107

City State Zip Code  
Miami FL 33176

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

1462567.66

Activity or Event Identifier:  
Administrative

**[MEMO ITEM]**

Date 12 / 15 / 2008

Transaction ID: D208418

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
1057.03 + 2718.08 = 3775.11

**C. 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

1462567.66

Activity or Event Identifier:  
Administrative

**[MEMO ITEM]**

Date 12 / 15 / 2008

Transaction ID: D208422

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
388.94 + 1000.14 = 1389.08

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

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
0.00 + 0.00 = 0.00

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

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

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

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

<b>A. Full Name (Last, First, Middle Initial)</b> Lisa M. Kahle			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="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 Melrose Avenue #J2			Allocated Activity or Event Year-To-Date 1462567.66		
City Winter Park	State FL	Zip Code 32789	Date <input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>		
Purpose of Disbursement: Payroll			Transaction ID: D208395		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
378.73		973.89		1352.62

<b>B. Full Name (Last, First, Middle Initial)</b> Lisa M. Kahle			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="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 Melrose Avenue #J2			Allocated Activity or Event Year-To-Date 1462567.66		
City Winter Park	State FL	Zip Code 32789	Date <input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>		
Purpose of Disbursement: Salary			Transaction ID: D211015		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
279.82		719.55		999.37

<b>C. Full Name (Last, First, Middle Initial)</b> Elliott A. McCurry			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="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 1724 Landings Blvd.			Allocated Activity or Event Year-To-Date 1462567.66		
City Sarasota	State FL	Zip Code 34231	Date <input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>		
Purpose of Disbursement: Salary			Transaction ID: D208416		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1166.83		3000.41		4167.24

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

<b>A. Full Name (Last, First, Middle Initial)</b> Mildred O. Smith			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="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 1767 Hermitage Blvd Apt 12105			Allocated Activity or Event Year-To-Date 1462567.66																		
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>2</td></tr></table> / <table border="1"><tr><td>D</td><td>D</td></tr><tr><td>1</td><td>5</td></tr></table> / <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>			M	M	1	2	D	D	1	5	Y	Y	Y	Y	2	0	0	8
M	M																				
1	2																				
D	D																				
1	5																				
Y	Y	Y	Y																		
2	0	0	8																		
Tallahassee	FL	32308-7722																			
Purpose of Disbursement: Salary			Transaction ID: D208420																		
Activity or Event Identifier: Administrative [MEMO ITEM]																					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1146.95		2949.31		4096.26

<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 1462567.66																		
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>2</td></tr></table> / <table border="1"><tr><td>D</td><td>D</td></tr><tr><td>1</td><td>5</td></tr></table> / <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>			M	M	1	2	D	D	1	5	Y	Y	Y	Y	2	0	0	8
M	M																				
1	2																				
D	D																				
1	5																				
Y	Y	Y	Y																		
2	0	0	8																		
Hernando	FL	34442-8810																			
Purpose of Disbursement: Salary			Transaction ID: D208415																		
Activity or Event Identifier: Administrative [MEMO ITEM]																					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2214.59		5694.67		7909.26

<b>C. Full Name (Last, First, Middle Initial)</b> Ms. Alexis Searfoss			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="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 960 74th St. N.			Allocated Activity or Event Year-To-Date 1462567.66																		
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>2</td></tr></table> / <table border="1"><tr><td>D</td><td>D</td></tr><tr><td>1</td><td>5</td></tr></table> / <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>			M	M	1	2	D	D	1	5	Y	Y	Y	Y	2	0	0	8
M	M																				
1	2																				
D	D																				
1	5																				
Y	Y	Y	Y																		
2	0	0	8																		
Saint Petersburg	FL	33710																			
Purpose of Disbursement: Salary			Transaction ID: D208419																		
Activity or Event Identifier: Administrative [MEMO ITEM]																					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1038.66		2670.84		3709.50

**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)**  
Time + Plus Payroll Services  
Mailing Address  
500 Colonial Center Parkway Suite 650  
City Atlanta State GA Zip Code 30076  
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  
1462567.66  
Date 12 / 30 / 2008  
Transaction ID: D210980

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5371.76		13813.09		19184.85

**B. Full Name (Last, First, Middle Initial)**  
Leonard Joseph  
Mailing Address  
2626 East Park, Apt.#21104  
City Tallahassee State FL Zip Code 32301  
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  
1462567.66  
Date 12 / 17 / 2008  
Transaction ID: D211068

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
807.95		2077.57		2885.52

**C. Full Name (Last, First, Middle Initial)**  
Andrew's Downtown  
Mailing Address  
228 S. Adams St.  
City Tallahassee State FL Zip Code 32301  
Purpose of Disbursement:  
Dinner Meeting  
Activity or Event Identifier:  
Administrative  
**[MEMO ITEM]**

Type of Allocated Activity:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
Allocated Activity or Event Year-To-Date  
1462567.66  
Date 12 / 17 / 2008  
Transaction ID: D211091

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
40.04		102.96		143.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6179.71		15890.66		22070.37

**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> 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 1462567.66		
City	State	Zip Code	Date <input type="text" value="12"/> / <input type="text" value="17"/> / <input type="text" value="2008"/> <b>Transaction ID:</b> D211082		
Houston	TX	77210-4607			
Purpose of Disbursement: Air Travel			Category/ Type		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
96.88		249.12		346.00

<b>B. Full Name (Last, First, Middle Initial)</b> Hotel Del Coronado			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1500 Orange Avenue			Allocated Activity or Event Year-To-Date 1462567.66		
City	State	Zip Code	Date <input type="text" value="12"/> / <input type="text" value="17"/> / <input type="text" value="2008"/> <b>Transaction ID:</b> D211084		
Coronado	CA	92118			
Purpose of Disbursement: Lodging			Category/ Type		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
178.23		458.29		636.52

<b>C. Full Name (Last, First, Middle Initial)</b> Polos on Park			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2626 Park Ave			Allocated Activity or Event Year-To-Date 1462567.66		
City	State	Zip Code	Date <input type="text" value="12"/> / <input type="text" value="17"/> / <input type="text" value="2008"/> <b>Transaction ID:</b> D211086		
Tallahassee	FL	32301			
Purpose of Disbursement: Lodging			Category/ Type		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
492.80		1267.20		1760.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

<b>A. Full Name (Last, First, Middle Initial)</b> Karen L. Thurman			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 9067 S.W. 190th Ave., Rd.			Allocated Activity or Event Year-To-Date 1462567.66		
City	State	Zip Code	Date <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Dunnellon	FL	34423	Date <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Purpose of Disbursement: Staff Reimbursement			Transaction ID: D211227		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
739.63		1901.91		2641.54

<b>B. Full Name (Last, First, Middle Initial)</b> 101 Rest. & Mint Lounge			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 215 W. College Avenue			Allocated Activity or Event Year-To-Date 1462567.66		
City	State	Zip Code	Date <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Tallahassee	FL	32301	Date <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Purpose of Disbursement: Dinner Meeting			Transaction ID: D211230		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
27.05		69.55		96.60

<b>C. Full Name (Last, First, Middle Initial)</b> Azalea Place			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 600 Victory Garden Drive			Allocated Activity or Event Year-To-Date 1462567.66		
City	State	Zip Code	Date <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Tallahassee	FL	32301	Date <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Purpose of Disbursement: Lodging			Transaction ID: D211229		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
520.24		1337.76		1858.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
739.63		1901.91		2641.54

**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> Budget Rent A Car 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 6 Sylvan Way			Allocated Activity or Event Year-To-Date 1462567.66		
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Parsippany	NJ	07054	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Disbursement: Auto Travel			Transaction ID: D211245		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Date <input type="text"/> / <input type="text"/> / <input type="text"/>			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
15.11		38.84		53.95

<b>B. Full Name (Last, First, Middle Initial)</b> City of Tallahassee			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 600 N Monroe St			Allocated Activity or Event Year-To-Date 1462567.66		
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Tallahassee	FL	32301-1262	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Disbursement: Utilities			Transaction ID: D211245		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Date <input type="text"/> / <input type="text"/> / <input type="text"/>			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
42.79		110.02		152.81

<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 1462567.66		
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Houston	TX	77210-4607	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Disbursement: Air Travel			Transaction ID: D211245		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Date <input type="text"/> / <input type="text"/> / <input type="text"/>			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8.40		21.60		30.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(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> Coronado Cab Corp <hr/> Mailing Address 1500 Orange Ave. <hr/> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> <td rowspan="2" style="width:15%; text-align: center; vertical-align: middle;">Category/ Type</td> </tr> <tr> <td>Coronado</td> <td>CA</td> <td>92118</td> </tr> </table> <hr/> Purpose of Disbursement: Auto Travel	City	State	Zip Code	Category/ Type	Coronado	CA	92118	Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: center;">1462567.66</div> <hr/> Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; text-align: center;">12 / 19 / 2008</div> <b>Transaction ID:</b> D211243
City	State	Zip Code	Category/ Type					
Coronado	CA	92118						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
16.80		43.20		60.00

<b>B. Full Name (Last, First, Middle Initial)</b> Ryan's of Pace <hr/> Mailing Address 4955 Highway 90 <hr/> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> <td rowspan="2" style="width:15%; text-align: center; vertical-align: middle;">Category/ Type</td> </tr> <tr> <td>Pace</td> <td>FL</td> <td>32571</td> </tr> </table> <hr/> Purpose of Disbursement: Travel/meals	City	State	Zip Code	Category/ Type	Pace	FL	32571	Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: center;">1462567.66</div> <hr/> Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; text-align: center;">12 / 19 / 2008</div> <b>Transaction ID:</b> D211244
City	State	Zip Code	Category/ Type					
Pace	FL	32571						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.67		6.88		9.55

<b>C. Full Name (Last, First, Middle Initial)</b> Karen L. Thurman <hr/> Mailing Address 9067 S.W. 190th Ave., Rd. <hr/> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> <td rowspan="2" style="width:15%; text-align: center; vertical-align: middle;">Category/ Type</td> </tr> <tr> <td>Dunnellon</td> <td>FL</td> <td>34423</td> </tr> </table> <hr/> Purpose of Disbursement: Mileage	City	State	Zip Code	Category/ Type	Dunnellon	FL	34423	Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: center;">1462567.66</div> <hr/> Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; text-align: center;">12 / 17 / 2008</div> <b>Transaction ID:</b> D211228
City	State	Zip Code	Category/ Type					
Dunnellon	FL	34423						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
106.58		274.05		380.63

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
37577.33	96627.38	134204.71

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

**AGGREGATION PAGE: LEVIN FUNDS**

Transaction ID: SchedL1

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

NAME OF ACCOUNT  
NF expenses

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