

# 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  
Florida Sugar Cane League PAC

ADDRESS (number and street) 1301 Pennsylvania Ave NW Ste 401  
 Check if different than previously reported. (ACC)  
Washington DC 20004

2. **FEC IDENTIFICATION NUMBER** C00012328  
**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 01 01 2007 through 03 31 2007

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 Ryan Weston

Signature of Treasurer Electronically Filed by Ryan Weston Date 04 09 2007

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Florida Sugar Cane League PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="center">1538.53</td></tr></table>	1538.53
Y	Y	Y	Y									
2	0	0	7									
1538.53												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%;"><tr><td align="center">1538.53</td></tr></table>	1538.53										
1538.53												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%;"><tr><td align="center">83150.00</td></tr></table>	83150.00	<table border="1" style="width: 100%;"><tr><td align="center">83150.00</td></tr></table>	83150.00								
83150.00												
83150.00												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="width: 100%;"><tr><td align="center">84688.53</td></tr></table>	84688.53	<table border="1" style="width: 100%;"><tr><td align="center">84688.53</td></tr></table>	84688.53								
84688.53												
84688.53												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%;"><tr><td align="center">61000.00</td></tr></table>	61000.00	<table border="1" style="width: 100%;"><tr><td align="center">61000.00</td></tr></table>	61000.00								
61000.00												
61000.00												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%;"><tr><td align="center">23688.53</td></tr></table>	23688.53	<table border="1" style="width: 100%;"><tr><td align="center">23688.53</td></tr></table>	23688.53								
23688.53												
23688.53												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="center">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="center">0.00</td></tr></table>	0.00										
0.00												

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  
Florida Sugar Cane League PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	78150.00	78150.00
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	78150.00	78150.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	83150.00	83150.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
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) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	83150.00	83150.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	83150.00	83150.00

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	61000.00	61000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	61000.00	61000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	61000.00	61000.00

**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) .....	83150.00	83150.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	83150.00	83150.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 34
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

**A.** Full Name (Last, First, Middle Initial)  
A Duda & Sons, Inc PAC

Mailing Address PO Box 257

City Oviedo State FL Zip Code 32765

FEC ID number of contributing federal political committee. **C** C00213231

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

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

Transaction ID: 70223.C203

Amount of Each Receipt this Period  
5000.00

Receipt

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

**A.** Full Name (Last, First, Middle Initial)  
Edward Almeida

Mailing Address 19473 SW 55th St

City State Zip Code  
Miramar FL 33029-6277

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

Name of Employer Occupation  
US Sugar Corporation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 0 6 / 2 0 0 7

Transaction ID: 70223.C201

Amount of Each Receipt this Period  
1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Gerard Bernard

Mailing Address 17111 Gulf Pine Circle

City State Zip Code  
Wellington FL 33414

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

Name of Employer Occupation  
US Sugar Corporation Senior Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 0 6 / 2 0 0 7

Transaction ID: 70223.C197

Amount of Each Receipt this Period  
1000.00

Receipt

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

Mailing Address P.O. Box 1205

City State Zip Code  
Clewiston FL 33440

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

Name of Employer Occupation  
Florida Business Enterprises Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 0 7

Transaction ID: 70223.C208

Amount of Each Receipt this Period  
100.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2100.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

**A.** Full Name (Last, First, Middle Initial)  
Marianne Bishop

Mailing Address PO Box 865

City State Zip Code  
Clewiston FL 33440

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

Name of Employer Occupation  
Wife Housewife

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2007

Transaction ID: 70223.C193

Amount of Each Receipt this Period  
2000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Erik Blomqvist

Mailing Address 1 North Clematis St.  
Suite 200

City State Zip Code  
West Palm Beach FL 33401

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

Name of Employer Occupation  
Florida Crystals Corporation Vice President and Treasurer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2007

Transaction ID: 70404.C218

Amount of Each Receipt this Period  
5000.00

Receipt

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

Mailing Address 8999 ST RD 80

City State Zip Code  
Moore Haven FL 33471

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

Name of Employer Occupation  
US Sugar Corporation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 06 / 2007

Transaction ID: 70223.C198

Amount of Each Receipt this Period  
1000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	8000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

**A.** Full Name (Last, First, Middle Initial)  
Gaston Cantens

Mailing Address 11750 SW 29th St

City State Zip Code  
Miami FL 33175-2413

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

Name of Employer Florida Crystals Corporation  
Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2007

Transaction ID: 70404.C215

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Don Carson

Mailing Address 1 North Clematis Street Suite 200

City State Zip Code  
West Palm Beach FL 33401

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

Name of Employer Florida Crystals Corporation  
Occupation Executive Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 05 / 2007

Transaction ID: 70319.C212

Amount of Each Receipt this Period  
5000.00

Receipt

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

Mailing Address 110 Chateaux Dr.

City State Zip Code  
Palm Beach FL 33480

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

Name of Employer Osceola Farms Company  
Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 16 / 2007

Transaction ID: 70223.C205

Amount of Each Receipt this Period  
5000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	15000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

**A.** Full Name (Last, First, Middle Initial)  
Alfonso Fanjul

Mailing Address One North Clematis Street  
Suite 200

City State Zip Code  
West Palm Beach FL 33401

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

Name of Employer Florida Crystals Corporation  
Occupation Chairman and CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
02 / 20 / 2007

Transaction ID: 70223.C207

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Andres Fanjul

Mailing Address One North Clematis Street  
Suite 200

City State Zip Code  
West Palm Beach FL 33401

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

Name of Employer Florida Crystals Corporation  
Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2007

Transaction ID: 70319.C211

Amount of Each Receipt this Period  
5000.00

Receipt

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

Mailing Address One North Clematis Street  
Suite 200

City State Zip Code  
West Palm Beach FL 33401

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

Name of Employer Florida Crystals Corporation  
Occupation Vice Chairman and COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2007

Transaction ID: 70319.C213

Amount of Each Receipt this Period  
5000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	15000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

**A.** Full Name (Last, First, Middle Initial)  
Jose, Jr. Fanjul

Mailing Address 220 El Dorado Ln

City State Zip Code  
Palm Beach FL 33480-3302

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

Name of Employer Florida Crystals Corporation  
Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2007

Transaction ID: 70319.C210

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Luis Fernandez

Mailing Address 246 Eden Rd.

City State Zip Code  
Palm Beach FL 33480

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

Name of Employer Florida Crystals Corporation  
Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2007

Transaction ID: 70404.C216

Amount of Each Receipt this Period  
5000.00

Receipt

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

Mailing Address Rt. 6 Box 766

City State Zip Code  
Okeechobee FL 34974

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

Name of Employer Sweet Johns Farm  
Occupation Farmer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
MM / DD / YYYY  
01 / 24 / 2007

Transaction ID: 70223.C194

Amount of Each Receipt this Period  
200.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	10200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

**A.** Full Name (Last, First, Middle Initial)  
Elizabeth Johnstone

Mailing Address 1511 E Highway 27

City State Zip Code  
Clewiston FL 33440

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

Name of Employer Occupation  
Stitt Ranch, Inc. Secretary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 5 / 2 0 0 7

Transaction ID: 70223.C190

Amount of Each Receipt this Period  
1250.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Donald Kelley

Mailing Address 625 E Highway 27

City State Zip Code  
Clewiston FL 33440

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

Name of Employer Occupation  
Rocking K Farms Farmer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

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

Transaction ID: 70223.C189

Amount of Each Receipt this Period  
600.00

Receipt

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

Mailing Address 1880 Kilpatrick Drive, NW

City State Zip Code  
Moore Haven FL 33471

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

Name of Employer Occupation  
Kilpatrick Cane Partnership Farmer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 7

Transaction ID: 70223.C192

Amount of Each Receipt this Period  
2500.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4350.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

**A.** Full Name (Last, First, Middle Initial)  
Kenneth McDuffie

Mailing Address 105 West Del Monte Ave

City State Zip Code  
Clewiston FL 33440

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

Name of Employer Occupation  
US Sugar Corporation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 06 / 2007

Transaction ID: 70223.C200

Amount of Each Receipt this Period  
1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Antonio Perez

Mailing Address 417 Sugarland Hwy

City State Zip Code  
Clewiston FL 33440

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

Name of Employer Occupation  
Cane Nine Corp Farm Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2007

Transaction ID: 70404.C217

Amount of Each Receipt this Period  
1500.00

Receipt

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

Mailing Address State Road 720  
PO BOX 1686

City State Zip Code  
Clewiston FL 33440

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

Name of Employer Occupation  
Frierson Farms Farmer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1750.00

Date of Receipt  
MM / DD / YYYY  
01 / 23 / 2007

Transaction ID: 70126.C188

Amount of Each Receipt this Period  
1750.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

**A.** Full Name (Last, First, Middle Initial)  
Alberto Recio

Mailing Address PO Box 679

City State Zip Code  
Pahokee FL 33476

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

Name of Employer Occupation  
Osceola Farms Company Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2007

Transaction ID: 70319.C209

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Charles Shide

Mailing Address 4698 NW 26th Way

City State Zip Code  
Boca Raton FL 33434

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

Name of Employer Occupation  
US Sugar Corporation Executive Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 06 / 2007

Transaction ID: 70223.C199

Amount of Each Receipt this Period  
1000.00

Receipt

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

Mailing Address 4513 West US Highway 27

City State Zip Code  
Clewiston FL 33440

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

Name of Employer Occupation  
Stitt Ranch Farmer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
MM / DD / YYYY  
01 / 25 / 2007

Transaction ID: 70223.C191

Amount of Each Receipt this Period  
1250.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>7250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

**A.** Full Name (Last, First, Middle Initial)  
Armando Tabernilla

Mailing Address 213 E. Lakewood Rd.

City State Zip Code  
West Palm Beach FL 33405

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

Name of Employer Occupation  
Florida Crystals Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
02 / 16 / 2007

Transaction ID: 70223.C206

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Sigrid Tiedtke

Mailing Address 1760 Gaines Way

City State Zip Code  
Winter Park FL 32789

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

Name of Employer Occupation  
KeyBank National Association Farmer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
02 / 13 / 2007

Transaction ID: 70223.C204

Amount of Each Receipt this Period  
5000.00

Receipt

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

Mailing Address PO Box 41

City State Zip Code  
Moore Haven FL 33471

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

Name of Employer Occupation  
The Graham Farms Farm Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 09 / 2007

Transaction ID: 70223.C202

Amount of Each Receipt this Period  
1000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	11000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 16 / 34	
	(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"/> 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)  
Florida Sugar Cane League PAC

**A.** Full Name (Last, First, Middle Initial)  
Jennifer Wade

Mailing Address 209 Ridgewood Ave.

City	State	Zip Code
Clewiston	FL	33440

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

Name of Employer Wife	Occupation Housewife
--------------------------	-------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	6	/	2	0	0	7

Transaction ID: 70223.C196

Amount of Each Receipt this Period  
1000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	78150.00



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 34

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

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

Full Name (Last, First, Middle Initial) <b>A. Jason Altmire</b>		Transaction ID: 70223.E467 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 7
Mailing Address Citizens for Altmire 499 S. Capitol St, SW, Ste 404		Amount of Each Disbursement this Period 500.00
City Washington State DC Zip Code 20003-	Purpose of Disbursement <input type="checkbox"/> Category/Type	
Candidate Name JASON ALTMIRE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 4	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Candidate Mike Arcuri</b>		Transaction ID: 70319.E493 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address Arcuri for Congress 430 S. Capitol Street, SE 2nd Floor		Amount of Each Disbursement this Period 500.00
City Washington State DC Zip Code 20003-	Purpose of Disbursement <input type="checkbox"/> Category/Type	
Candidate Name MICHAEL A ARCURI	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Senator Max Baucus</b>		Transaction ID: 70319.E477 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address Friends of Max Baucus P.O. Box 586		Amount of Each Disbursement this Period 2000.00
City Helena State MT Zip Code 59601-	Purpose of Disbursement <input type="checkbox"/> Category/Type	
Candidate Name MAX BAUCUS	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<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)

PAGE 18 / 34

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

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

Full Name (Last, First, Middle Initial) <b>A. Congressman Marion Berry</b>		Transaction ID: 70223.E470 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 7
Mailing Address Marion Berry for Congress 236 Massachusetts Avenue, NE, #508		Amount of Each Disbursement this Period 1000.00
City Washington	State DC	
Zip Code 20002-		Category/ Type
Purpose of Disbursement		
Candidate Name MARION BERRY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AR District: 01		

Full Name (Last, First, Middle Initial) <b>B. Congressman Jo Bonner</b>		Transaction ID: 70404.E514 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 7
Mailing Address Jo Bonner for Congress P.O. Box 16021		Amount of Each Disbursement this Period 1000.00
City Alexandria	State VA	
Zip Code 22302-		Category/ Type
Purpose of Disbursement		
Candidate Name JO BONNER		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AL District: 01		

Full Name (Last, First, Middle Initial) <b>C. Congressman Leonard L. Boswell</b>		Transaction ID: 70223.E471 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 7
Mailing Address Boswell for Congress 301 4th Street, NE Suite 202		Amount of Each Disbursement this Period 1000.00
City Washington	State DC	
Zip Code 20002-		Category/ Type
Purpose of Disbursement		
Candidate Name LEONARD L. BOSWELL		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA District: 03		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

Full Name (Last, First, Middle Initial) <b>A. Congressman Allen Boyd</b>		Transaction ID: 70223.E472 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7
Mailing Address Boyd for Congress PO Box 15703		Amount of Each Disbursement this Period 2000.00
City Tallahassee	State FL	
Zip Code 32317-		Category/ Type
Purpose of Disbursement		
Candidate Name F. A JR. BOYD		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 2		

Full Name (Last, First, Middle Initial) <b>B. Congresswoman Corrine Brown</b>		Transaction ID: 70319.E484 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address Friends of Corrine Brown 3109 River Bend Road		Amount of Each Disbursement this Period 1000.00
City Laurel	State MD	
Zip Code 20724-		Category/ Type
Purpose of Disbursement		
Candidate Name CORRINE BROWN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 03		

Full Name (Last, First, Middle Initial) <b>C. Rep. Vern Buchanan (R-FL)</b>		Transaction ID: 70404.E508 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address Vern Buchanan for Congress PO Box 48928		Amount of Each Disbursement this Period 500.00
City Sarasota	State FL	
Zip Code 34230-		Category/ Type
Purpose of Disbursement		
Candidate Name VERNON BUCHANAN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 13		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3500.00
<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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

Full Name (Last, First, Middle Initial) <b>A. Senator Saxby Chambliss</b>		<b>Transaction ID: 70223.E474</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address Chambliss for Senate 100 Galleria Parkway, Suite 130		Amount of Each Disbursement this Period 2000.00
City Atlanta State GA Zip Code 30339-	Purpose of Disbursement <input type="checkbox"/> Category/Type	
Candidate Name SAXBY CHAMBLISS	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Congressman James E. Clyburn</b>		<b>Transaction ID: 70404.E515</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Friends of Jim Clyburn PO Box 12567		Amount of Each Disbursement this Period 2000.00
City Columbia State SC Zip Code 29211-	Purpose of Disbursement <input type="checkbox"/> Category/Type	
Candidate Name JAMES E CLYBURN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 6	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Congressman Howard Coble</b>		<b>Transaction ID: 70319.E502</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address Coble for Congress PO Box 1177		Amount of Each Disbursement this Period 1000.00
City Greensboro State NC Zip Code 27402-	Purpose of Disbursement <input type="checkbox"/> Category/Type	
Candidate Name JOHN HOWARD COBLE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<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 21 / 34

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

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

Full Name (Last, First, Middle Initial) <b>A. Senator Norm Coleman</b>		<b>Transaction ID: 70319.E492</b> Date of Disbursement 03 / 06 / 2007
Mailing Address Norm Coleman for Senate 08 7300 Hudson Blvd., Suite 270A		Amount of Each Disbursement this Period 2000.00
City Saint Paul	State MN	
Zip Code 55128-	Purpose of Disbursement	Category/ Type
Candidate Name NORM COLEMAN	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: MN District: 00	

Full Name (Last, First, Middle Initial) <b>B. Senator John Cornyn</b>		<b>Transaction ID: 70404.E518</b> Date of Disbursement 03 / 29 / 2007
Mailing Address Texans for Senator John Cornyn 1203 Portner Rd		Amount of Each Disbursement this Period 1000.00
City Alexandria	State VA	
Zip Code 22314-	Purpose of Disbursement	Category/ Type
Candidate Name JOHN CORNYN	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: TX District: 00	

Full Name (Last, First, Middle Initial) <b>C. Senator Larry E. Craig</b>		<b>Transaction ID: 70319.E476</b> Date of Disbursement 02 / 27 / 2007
Mailing Address Craig for Senate 2008 P.O. Box 2754		Amount of Each Disbursement this Period 2000.00
City Boise	State ID	
Zip Code 83701-	Purpose of Disbursement	Category/ Type
Candidate Name LARRY E CRAIG	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: ID District: 00	

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

Full Name (Last, First, Middle Initial) <b>A. Congressman Lincoln Davis</b>		<b>Transaction ID: 70319.E486</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2007
Mailing Address Lincoln Davis for Congress 236 Mass Ave, NE Suite 508		Amount of Each Disbursement this Period 1000.00
City Washington	State DC	
Zip Code 20002-		Category/ Type
Purpose of Disbursement		
Candidate Name LINCOLN EDWARD DAVIS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN District: 04		

Full Name (Last, First, Middle Initial) <b>B. Congresswoman Rosa L. DeLauro</b>		<b>Transaction ID: 70319.E497</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address Friends of Rosa DeLauro P.O. Box 75214		Amount of Each Disbursement this Period 1000.00
City Washington	State DC	
Zip Code 20013-		Category/ Type
Purpose of Disbursement		
Candidate Name ROSA DELAURO		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT District: 03		

Full Name (Last, First, Middle Initial) <b>C. Senator Pete V. Domenici</b>		<b>Transaction ID: 70223.E462</b> Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2007
Mailing Address Pete Domenici Senate Campaign PO Box 16746		Amount of Each Disbursement this Period 2000.00
City Albuquerque	State NM	
Zip Code 87191-		Category/ Type
Purpose of Disbursement		
Candidate Name PETE V DOMENICI		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NM District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

Full Name (Last, First, Middle Initial) <b>A. Joe Donnelly</b>		<b>Transaction ID: 70319.E488</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2007	
Mailing Address Joe Donnelly for Congress 499 S Capitol St, SW Ste 404		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20003-	Purpose of Disbursement <input type="checkbox"/>		
Candidate Name JOSEPH SIMON DONNELLY			Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Rep. Brad Ellsworth</b>		<b>Transaction ID: 70319.E501</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address Brad Ellsworth for Congress P.O. Box 636		Amount of Each Disbursement this Period 1000.00	
City Annandale State VA Zip Code 22003-	Purpose of Disbursement <input type="checkbox"/>		
Candidate Name BRAD ELLSWORTH			Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Congressman Bob Etheridge</b>		<b>Transaction ID: 70223.E466</b> Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2007	
Mailing Address Bob Etheridge for Congress Committ P.O. Box 28001		Amount of Each Disbursement this Period 1000.00	
City Raleigh State NC Zip Code 27611-	Purpose of Disbursement <input type="checkbox"/>		
Candidate Name BOB ETHERIDGE			Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

Full Name (Last, First, Middle Initial) <b>A. Congressman Terry Everett</b>		Transaction ID: 70319.E500 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address Everett for Congress P.O. Box 1828		Amount of Each Disbursement this Period 1000.00
City Dothan	State AL	
Zip Code 36301-		Category/ Type
Purpose of Disbursement		
Candidate Name TERRY EVERETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AL District: 02		

Full Name (Last, First, Middle Initial) <b>B. Congressman Bob Filner</b>		Transaction ID: 70404.E512 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address Bob Filner for Congress P.O. Box 127868		Amount of Each Disbursement this Period 1000.00
City San Diego	State CA	
Zip Code 92112-		Category/ Type
Purpose of Disbursement		
Candidate Name BOB FILNER		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 51		

Full Name (Last, First, Middle Initial) <b>C. Congresswoman Virginia Foxx</b>		Transaction ID: 70319.E480 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 7
Mailing Address Virginia Foxx for Congress P.O. Box 1100		Amount of Each Disbursement this Period 1000.00
City Clemmons	State NC	
Zip Code 27012-		Category/ Type
Purpose of Disbursement		
Candidate Name VIRGINIA FOXX		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC District: 05		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

Full Name (Last, First, Middle Initial) <b>A. Congressman Virgil H. Goode Jr.</b>		<b>Transaction ID: 70319.E503</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address Goode for Congress 235 South Main Street		Amount of Each Disbursement this Period 1000.00
City Rocky Mount	State VA	
Zip Code 24151-		
Purpose of Disbursement Category/ Type		
Candidate Name VIRGIL H. JR. GOODE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 05		

Full Name (Last, First, Middle Initial) <b>B. Senator Tom Harkin</b>		<b>Transaction ID: 70319.E504</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address Citizens for Harkin P.O. Box 811		Amount of Each Disbursement this Period 2000.00
City Des Moines	State IA	
Zip Code 50304-		
Purpose of Disbursement Category/ Type		
Candidate Name THOMAS RICHARD HARKIN		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA District: 00		

Full Name (Last, First, Middle Initial) <b>C. Representative Baron P. Hill</b>		<b>Transaction ID: 70319.E499</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address Hoosiers for Hill PO Box 1071		Amount of Each Disbursement this Period 1000.00
City Seymour	State IN	
Zip Code 47274-		
Purpose of Disbursement Category/ Type		
Candidate Name BARON P HILL		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN District: 09		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<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)

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

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

Full Name (Last, First, Middle Initial) <b>A. Congressman Maurice D. Hinchey</b>		<b>Transaction ID: 70319.E494</b> Date of Disbursement 03 / 07 / 2007
Mailing Address Friends of Maurice Hinchey 10 G St, NE Ste 470		Amount of Each Disbursement this Period 500.00
City Washington State DC Zip Code 20002-	Purpose of Disbursement Category/Type	
Candidate Name MAURICE D HINCHEY		Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 22	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Representative Mazie Hirono (D-HI-2)</b>		<b>Transaction ID: 70404.E520</b> Date of Disbursement 03 / 29 / 2007
Mailing Address Friends of Mazie Hirono P.O. Box 677		Amount of Each Disbursement this Period 1000.00
City Honolulu State HI Zip Code 96809-0677	Purpose of Disbursement Category/Type	
Candidate Name MAZIE MRS. HIRONO		Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Congressman Tim Holden</b>		<b>Transaction ID: 70319.E498</b> Date of Disbursement 03 / 14 / 2007
Mailing Address Friends of Congressman Tim Holden 729 15th St, NW, 3rd Floor		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20005-	Purpose of Disbursement Category/Type	
Candidate Name T. TIMOTHY HOLDEN		Amount of Each Disbursement this Period 2500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 17	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2500.00
<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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

Full Name (Last, First, Middle Initial) <b>A. Congressman Walter B. Jones Jr.</b>		<b>Transaction ID: 70319.E482</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address Walter Jones for Congress Committee PO Box 99667		Amount of Each Disbursement this Period 500.00
City Raleigh	State NC	
Zip Code 27624-		Category/ Type
Purpose of Disbursement		
Candidate Name WALTER B. JONES		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC District: 03		

Full Name (Last, First, Middle Initial) <b>B. Senator John F. Kerry</b>		<b>Transaction ID: 70404.E510</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7
Mailing Address John Kerry for Senate 511 C St, NE		Amount of Each Disbursement this Period 2000.00
City Washington	State DC	
Zip Code 20002-		Category/ Type
Purpose of Disbursement		
Candidate Name JOHN FORBES KERRY		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MA District: 00		

Full Name (Last, First, Middle Initial) <b>C. Rep. Ron Klein (D-22)</b>		<b>Transaction ID: 70223.E473</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address Klein for Congress 10 G Street, NE Suite 470		Amount of Each Disbursement this Period 500.00
City Washington	State DC	
Zip Code 20002-		Category/ Type
Purpose of Disbursement		
Candidate Name RON KLEIN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 22		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

Full Name (Last, First, Middle Initial) <b>A. Senator Mary L. Landrieu</b>		<b>Transaction ID: 70223.E475</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 7
Mailing Address Friends of Mary Landrieu 10 G Street, NE, Suite 470		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20002-	Purpose of Disbursement <input type="checkbox"/> Category/Type	
Candidate Name <b>MARY L LANDRIEU</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Congressman Connie Mack IV</b>		<b>Transaction ID: 70404.E517</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 7
Mailing Address Friends of Connie Mack PO Box 2776		Amount of Each Disbursement this Period 1000.00
City Arlington State VA Zip Code 22202-	Purpose of Disbursement <input type="checkbox"/> Category/Type	
Candidate Name <b>CONNIE MACK</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 14	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Tim Mahoney</b>		<b>Transaction ID: 70319.E485</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address Tim Mahoney for Florida 4114 Northlake Blvd Ste 300		Amount of Each Disbursement this Period 1000.00
City West Palm Beach State FL Zip Code 33410-	Purpose of Disbursement <input type="checkbox"/> Category/Type	
Candidate Name <b>TIM MAHONEY</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

Full Name (Last, First, Middle Initial) <b>A. Congressman Jim Marshall</b>		<b>Transaction ID: 70319.E491</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 7
Mailing Address Friends of Jim Marshall 586 Orange St		Amount of Each Disbursement this Period 1000.00
City Macon State GA Zip Code 31201-	Purpose of Disbursement <input type="checkbox"/> Category/Type	
Candidate Name JIM MARSHALL		Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 8	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Congressman Jeff B. Miller</b>		<b>Transaction ID: 70319.E487</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address Jeff Miller for Congress 3323 North Washington Blvd.		Amount of Each Disbursement this Period 1000.00
City Arlington State VA Zip Code 22201-	Purpose of Disbursement <input type="checkbox"/> Category/Type	
Candidate Name JEFFERSON B. MILLER		Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Congressman Jerry Moran</b>		<b>Transaction ID: 70319.E495</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address Moran for Kansas 228 S. Washington St, Suite B-20		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22314-	Purpose of Disbursement <input type="checkbox"/> Category/Type	
Candidate Name JERRY MORAN		Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

Full Name (Last, First, Middle Initial) <b>A. Rep. Ed Perlmutter (CO-7)</b>		<b>Transaction ID: 70319.E483</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address Perlmutter for Congress 499 S. Capitol St, SW		Amount of Each Disbursement this Period 500.00
City Washington	State DC	
Zip Code 20003-		Category/ Type
Purpose of Disbursement		
Candidate Name ED PERLMUTTER		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CO District: 07		

Full Name (Last, First, Middle Initial) <b>B. Congressman Collin C. Peterson</b>		<b>Transaction ID: 70319.E489</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 7
Mailing Address Peterson for Congress 26192 Floyd Lake Point Road		Amount of Each Disbursement this Period 1000.00
City Detroit Lakes	State MN	
Zip Code 56501-		Category/ Type
Purpose of Disbursement		
Candidate Name COLLIN C PETERSON		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN District: 07		

Full Name (Last, First, Middle Initial) <b>C. Congressman Earl Pomeroy</b>		<b>Transaction ID: 70319.E490</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 7
Mailing Address Earl Pomeroy for Congress Post Office Box 746		Amount of Each Disbursement this Period 1000.00
City Bismarck	State ND	
Zip Code 58502-		Category/ Type
Purpose of Disbursement		
Candidate Name EARL RALPH POMEROY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2500.00
<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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

Full Name (Last, First, Middle Initial) <b>A. Representative Heath Shuler (D-NC)</b>		<b>Transaction ID: 70404.E513</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address Heath Shuler for Congress Committe 38 Ivy St, SE		Amount of Each Disbursement this Period 500.00
City Washington	State DC	
Zip Code 20003-		
Purpose of Disbursement Category/ Type		
Candidate Name JOSEPH H SHULER		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC District: 11		

Full Name (Last, First, Middle Initial) <b>B. Candidate Zack Space</b>		<b>Transaction ID: 70319.E481</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address Zack Space for Congress P.O. Box 75214		Amount of Each Disbursement this Period 1000.00
City Washington	State DC	
Zip Code 20013-		
Purpose of Disbursement Category/ Type		
Candidate Name ZACHARY T SPACE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH District: 18		

Full Name (Last, First, Middle Initial) <b>C. Congressman Cliff B. Stearns</b>		<b>Transaction ID: 70404.E505</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7
Mailing Address Friends of Cliff Stearns PO Box 308		Amount of Each Disbursement this Period 1000.00
City Silver Springs	State FL	
Zip Code 34489-		
Purpose of Disbursement Category/ Type		
Candidate Name CLIFFORD B STEARNS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 6		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2500.00
<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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Florida Sugar Cane League PAC

Full Name (Last, First, Middle Initial) <b>A. Rep. Betty Sutton (D-OH-13)</b>		<b>Transaction ID: 70319.E479</b> Date of Disbursement 02 / 27 / 2007
Mailing Address Betty Sutton for Congress 1700 W. Market Street, #155		Amount of Each Disbursement this Period 500.00
City Akron State OH Zip Code 44313-	Purpose of Disbursement	
Candidate Name BETTY S MS. SUTTON		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Congressman Dave Weldon M.D.</b>		<b>Transaction ID: 70404.E516</b> Date of Disbursement 03 / 28 / 2007
Mailing Address Friends of Dave Weldon P.O. Box 968		Amount of Each Disbursement this Period 1000.00
City Melbourne State FL Zip Code 32902-	Purpose of Disbursement	
Candidate Name DAVID J DR. JR. WELDON		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 15	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Congressman Robert Wexler</b>		<b>Transaction ID: 70404.E509</b> Date of Disbursement 03 / 21 / 2007
Mailing Address Wexler for Congress PO Box 810669		Amount of Each Disbursement this Period 1000.00
City Boca Raton State FL Zip Code 33431-	Purpose of Disbursement	
Candidate Name ROBERT WEXLER		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 19	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	61000.00