



A. Form/Schedule : **F3XN**

Transaction ID :

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

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

Report Covering the Period: From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		726822.32
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	1718781.87									
(c) Total Receipts (from Line 19) .....	1900821.47	6636037.77								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	3619603.34	7362860.09								
7. Total Disbursements (from Line 31) .....	2529358.53	6053684.57								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1090244.81	1309175.52								
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	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	316311.84	1226680.29
(ii) Unitemized .....	12690.01	69297.30
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	329001.85	1691430.49
(b) Political Party Committees .....	234028.43	1514706.21
(c) Other Political Committees (such as PACs) .....	163375.33	303306.15
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	726405.61	3509442.85
12. Transfers From Affiliated/Other Party Committees .....	713303.32	1753472.42
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) .....	72995.51	113036.68
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	890.08
17. Other Federal Receipts (Dividends, Interest, etc.) .....	37.66	916.56
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	33079.37	903279.18
(b) Levin Funds (from Schedule H5) .....	355000.00	355000.00
(c) Total Transfer (add 18(a) and 18(b)).	388079.37	1258279.18
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	1900821.47	6636037.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1512742.10	5377758.59

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	29385.81	257572.53
(ii) Non-Federal Share.....	111454.20	1062570.65
(b) Other Federal Operating Expenditures.....	2320488.93	4643489.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2461328.94	5963632.18
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	14000.00	14052.80
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	2650.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	2650.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	54029.59	73349.59
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	54029.59	73349.59
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	2529358.53	6053684.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2417904.33	4991113.92

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

6 / 761

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) .....	726405.61	3509442.85
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	2650.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	726405.61	3506792.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2349874.74	4901061.53
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	72995.51	113036.68
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2276879.23	4788024.85

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 761  
(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)  
Leonard L. Abess

Mailing Address 100 SE 32nd Road

City State Zip Code  
**Miami FL 33129**

FEC ID number of contributing federal political committee. C

Name of Employer City National Bank Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 27 / 2010

**Transaction ID: C4979073**

Amount of Each Receipt this Period  
10000.00

**B.**

Full Name (Last, First, Middle Initial)  
Ronald Abramson

Mailing Address 1700 K Street, NW, #300

City State Zip Code  
**Washington DC 20006**

FEC ID number of contributing federal political committee. C

Name of Employer Buchanan Ingersoll & Rooney 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  
10 / 29 / 2010

**Transaction ID: C4991450**

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
J.S. Adler

Mailing Address 2416 Pine Valley Court

City State Zip Code  
**Houston TX 77019**

FEC ID number of contributing federal political committee. C

Name of Employer James S Adler and Associates Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 27 / 2010

**Transaction ID: C4979069**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... 11250.00

**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 / 761

(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)  
Adler Group, Incorporated

Mailing Address 1400 NW 107th Avenue, 4th Floor

City State Zip Code  
Doral FL 33172

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  
1 0 / 1 9 / 2 0 1 0

**Transaction ID:** C4979284

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
O. John Alpizar

Mailing Address 1528 Palm Bay Rd., NE

City State Zip Code  
Palm Bay FL 32905

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Alpizar Law, llc Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

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

**Transaction ID:** C4979281

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
Barry Appelman

Mailing Address 71 Murray Street

City State Zip Code  
New York NY 10004

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 ▼  
1000.00

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

**Transaction ID:** C4980868

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... 8000.00

**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 / 761  
(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)  
Scott Bakotic

Mailing Address 9805 S Horseshoe Rd

City Tallahassee State FL Zip Code 32317-9774

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

Name of Employer Leon County Sheriffs Office Occupation CPA/LEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 29 / 2010  
Transaction ID: C4991525  
Amount of Each Receipt this Period 2500.00

**B.** Full Name (Last, First, Middle Initial)  
Michael Berland

Mailing Address P.O Box 15

City Waccabuc State NY Zip Code 10597

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

Name of Employer PSB Occupation Marketing/Consulting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 20 / 2010  
Transaction ID: C4979288  
Amount of Each Receipt this Period 1500.00

**C.** Full Name (Last, First, Middle Initial)  
Jeff Berman

Mailing Address 17941 Fieldbrook Circle

City Boca Raton State FL Zip Code 33496

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

Name of Employer Self Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 27 / 2010  
Transaction ID: C4991537  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

**TOTAL** This Period (last page this line number only) ..... ► 4250.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 761  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Big Bend Building Trades - PAC

Mailing Address 104 W Jefferson St

City Tallahassee State FL Zip Code 32301-1713

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 19 / 2010  
**Transaction ID: C4960029**  
 Amount of Each Receipt this Period: 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Brian Bilzin

Mailing Address 1450 Brickell Ave

City Miami State FL Zip Code 33131

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

Name of Employer Occupation  
Bilzin Sumberg Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 30 / 2010  
**Transaction ID: C4991462**  
 Amount of Each Receipt this Period: 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Nathan M. Bisk

Mailing Address Bisk Publishing Group  
9417 Princess Palm Avenue

City Tampa State FL Zip Code 33619

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

Name of Employer Occupation  
Bisk Publishing Group CEO/Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt: 10 / 27 / 2010  
**Transaction ID: C4979064**  
 Amount of Each Receipt this Period: 10000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **11000.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 761  
(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)  
Boies, Schiller And Flexner LLP

Mailing Address 100 SE 2nd St  
Ste 2800

City Miami State FL Zip Code 33131-2124

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
11 / 12 / 2010

**Transaction ID:** C4998503

Amount of Each Receipt this Period  
2500.00

**B.**

Full Name (Last, First, Middle Initial)  
Hyatt Brown

Mailing Address 213 Riverside Dr

City Ormond Beach State FL Zip Code 32176-6503

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

Name of Employer Occupation  
Poe & Brown President and Chief Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
10 / 18 / 2010

**Transaction ID:** C4958453

Amount of Each Receipt this Period  
5000.00

**C.**

Full Name (Last, First, Middle Initial)  
Cynthia Broydrick

Mailing Address 3334 N St NW

City Washington State DC Zip Code 20007

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

Name of Employer Occupation  
Broydrick & associates Lobbyist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
10 / 30 / 2010

**Transaction ID:** C4991480

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8000.00**

**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 12 / 761
	(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)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b>	Full Name (Last, First, Middle Initial) Simeon Bruner	Date of Receipt MM / DD / YYYY 10 / 28 / 2010
	Mailing Address 165 Brattle St	<b>Transaction ID:</b> C5655158
	City State Zip Code Cambridge MA 02138-3322	Amount of Each Receipt this Period 10000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Bruner Cott & Associates Architect	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) John B. Cabanas	Date of Receipt MM / DD / YYYY 10 / 28 / 2010
	Mailing Address 7901 Hispanola Ave Apt 2012	<b>Transaction ID:</b> C4980672
	City State Zip Code Miami Beach FL 33141	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation C & T Charters President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Edly F. Calixte	Date of Receipt MM / DD / YYYY 10 / 28 / 2010
	Mailing Address 520 NE 164th Ter	<b>Transaction ID:</b> C4980877
	City State Zip Code Miami FL 33162	Amount of Each Receipt this Period 2321.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation homemaker homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2321.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	17321.00
<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 13 / 761

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
John Casey

Mailing Address 10220 River Rd  
Ste 115

City State Zip Code  
Potomac MD 20854-4930

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

Name of Employer Occupation  
Self-employed Mutual Fund Management

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: C4991188

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
CFSA PAC

Mailing Address 515 King Street #300

City State Zip Code  
Alexandria VA 22314

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  
1 0 / 1 8 / 2 0 1 0

Transaction ID: C4958468

Amount of Each Receipt this Period  
5000.00

**C.**

Full Name (Last, First, Middle Initial)  
CHC-BOLD PAC

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  
1 0 / 2 7 / 2 0 1 0

Transaction ID: C4979075

Amount of Each Receipt this Period  
5000.00

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

11000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 761  
(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
							17

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

**A.**

Full Name (Last, First, Middle Initial)  
Cherie A Ciampitti

Mailing Address 100 Kings Pointe Dr Apt 1405

City Tampa State FL Zip Code 33610

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

Name of Employer Homemaker Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 28 / 2010  
Transaction ID: C4980634  
Amount of Each Receipt this Period 10000.00

**B.**

Full Name (Last, First, Middle Initial)  
Melvin E Clark Jr., Jr.

Mailing Address 6301 Chaucer Ln

City Alexandria State VA Zip Code 22304-3537

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

Name of Employer metroplex corporation Occupation president

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 28 / 2010  
Transaction ID: C4981084  
Amount of Each Receipt this Period 2000.00

**C.**

Full Name (Last, First, Middle Initial)  
Kendall B. Coffey, P.A.

Mailing Address 2665 S Bayshore Dr Ph 2B

City Miami State FL Zip Code 33133-5462

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

Name of Employer Coffey & Wright, PA Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 04 / 2010  
Transaction ID: C5655301  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 13000.00

**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 / 761  
(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)  
John Connor

Mailing Address 61 Mountain Lake, Po Box 832

City State Zip Code  
Lake Wales FL 33859

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

Name of Employer Third Millennium Occupation Portfolio Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 20 / 2010  
Transaction ID: C4979422  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Peter L Corsell

Mailing Address 64 La Gorce Circle

City State Zip Code  
Miami Beach FL 33141

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

Name of Employer Gridpoint, Inc. Occupation Chairman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt: 10 / 20 / 2010  
Transaction ID: C4979285  
Amount of Each Receipt this Period: 10000.00

**C.** Full Name (Last, First, Middle Initial)  
CSX Corporation

Mailing Address 1331 Pennsylvania Ave NW Ste 560

City State Zip Code  
Washington DC 20004-1745

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: 10 / 19 / 2010  
Transaction ID: C4960027  
Amount of Each Receipt this Period: 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 15250.00

**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 / 761  
(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)  
Ben Dachevall  
Mailing Address 415 West De Leon Street  
City Tampa State FL Zip Code 33606  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Hill Ward Henderson Occupation Attorney  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 10 / 29 / 2010  
Transaction ID: C4991427  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Leon Daggs, Jr.  
Mailing Address 326 Timberline Dr.  
City Crestview State FL Zip Code 32536  
FEC ID number of contributing federal political committee. **C**  
Name of Employer hub City Foundation Occupation President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00  
Date of Receipt 10 / 18 / 2010  
Transaction ID: C4958461  
Amount of Each Receipt this Period 2000.00

**C.** Full Name (Last, First, Middle Initial)  
Rosalie Ann Danbury  
Mailing Address 500 Park Ave South, Unit 9  
City Venice State FL Zip Code 34285  
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 ▼ 5000.00  
Date of Receipt 10 / 28 / 2010  
Transaction ID: C4980865  
Amount of Each Receipt this Period 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 7250.00  
**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 / 761  
(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)  
Carlos De La Cruz

Mailing Address 5 Harbor Pt

City State Zip Code  
Key Biscayne FL 33149-1715

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

Name of Employer Occupation  
CCi Companies, Inc. Chairman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

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

**Transaction ID:** C4981067

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
Thomas DiBernardo

Mailing Address 14595 Shotgun Road

City State Zip Code  
Davie FL 33325

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

Name of Employer Occupation  
Sunrise Fire Rescue Deputy Fire CHief

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 0 / 3 0 / 2 0 1 0

**Transaction ID:** C4991486

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Donna Mae Litowitz Trust

Mailing Address 5500 Collins Ave  
Apt 503

City State Zip Code  
Miami Beach FL 33140-2537

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5500.00

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

**Transaction ID:** C4974790

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2750.00

**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 / 761  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Barbra Drake		Date of Receipt MM / DD / YYYY 10 / 14 / 2010
Mailing Address 1596 Landcastor Terrace Apt 11B		Transaction ID: C4960520
City Jacksonville	State FL	Zip Code 32204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Barbra drake trading	Occupation President and Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

**B.**

Full Name (Last, First, Middle Initial) Alan Drecksler		Date of Receipt MM / DD / YYYY 10 / 19 / 2010
Mailing Address 13851 SW 67 Court		Transaction ID: C4979279
City Miami	State FL	Zip Code 33158
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Real Estate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) DSP Joint Victory Fund, Florida Account		Date of Receipt MM / DD / YYYY 10 / 28 / 2010
Mailing Address 430 South Capital Street SE		Transaction ID: C4980844
City Washington	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17600.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 17600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	20350.00
<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 19 / 761  
(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)  
Everglades Management, Inc.  
Mailing Address 1900 W. Commercial Blvd., Ste. 180

City State Zip Code  
Fort Lauderdale FL 33309

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  
1 0 / 2 2 / 2 0 1 0  
**Transaction ID: C4974805**  
Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
Howell L. Ferguson  
Mailing Address 4645 Lower Cairo Rd

City State Zip Code  
Thomasville GA 31792-0683

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

Name of Employer Occupation  
Self employed Consultant

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 1 0  
**Transaction ID: C5655294**  
Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
Jose K. Fuentes  
Mailing Address 3050 Shipping Ave

City State Zip Code  
Miami FL 33133

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

Name of Employer Occupation  
Fuentes Consulting Lobbyist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0  
**Transaction ID: C4974801**  
Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **11000.00**

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

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

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

FOR LINE NUMBER: PAGE 20 / 761  
(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)  
Glenn Ged  
 Mailing Address 7171 North Federal Hwy  
 City State Zip Code  
 Boca Raton FL 33487  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 2 8 / 2 0 1 0  
**Transaction ID:** C4980871  
 Amount of Each Receipt this Period  
 2500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Ellis & Ged Attorney  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2500.00

**B.** Full Name (Last, First, Middle Initial)  
Rosalie Goldberg  
 Mailing Address 1241 Gulf of Mexico Drive, #407  
 City State Zip Code  
 Longboat Key FL 34228  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 7 / 2 0 1 0  
**Transaction ID:** C4979266  
 Amount of Each Receipt this Period  
 150.00  
 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) ▼ 250.00

**C.** Full Name (Last, First, Middle Initial)  
Michael A. Haggard  
 Mailing Address 330 Alhambra Cir  
 City State Zip Code  
 Coral Gables FL 33134-5004  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 2 7 / 2 0 1 0  
**Transaction ID:** C4991519  
 Amount of Each Receipt this Period  
 3000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Haggard, Parks, Haggard, & Lewis Attorney  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5650.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 761  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Bill Haines		Date of Receipt MM / DD / YYYY 11 / 04 / 2010
Mailing Address 120 5th Ave Fl 11		<b>Transaction ID:</b> C5655296
City New York	State NY	Zip Code 10011-5635
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Brom Companies	Occupation Real Estate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**B.**

Full Name (Last, First, Middle Initial) Andrew Hall		Date of Receipt MM / DD / YYYY 10 / 25 / 2010
Mailing Address 2665 S Bayshore Drive		<b>Transaction ID:</b> C4980705
City Miami	State FL	Zip Code 33133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Hall, Lamb & Hall	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

**C.**

Full Name (Last, First, Middle Initial) Gordon Hart		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 55 Second Street, 24th Floor		<b>Transaction ID:</b> C4991459
City San Francisco	State CA	Zip Code 94507
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Paul Hastings	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	7500.00
<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 22 / 761

(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)

Lewis M. Heaster

Mailing Address 700 W Granada Blvd

City State Zip Code  
Ormond Beach FL 32174-9499

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

Name of Employer Occupation  
Self-employed Real Estate

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

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

Transaction ID: C4974820

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Donald Hinkle

Mailing Address 3710 Bobbin Mill Road

City State Zip Code  
Tallahassee FL 32312

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

Name of Employer Occupation  
Hinkle Foran Attorney

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

Date of Receipt

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

Transaction ID: C4981092

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Adamma Ibeawuchi

Mailing Address 3431 Austin St

City State Zip Code  
Sebring FL 33872-3112

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

Name of Employer Occupation  
FEA Assistant Director

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

Date of Receipt

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

Transaction ID: C4958464

Amount of Each Receipt this Period

500.00

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

6500.00

**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 / 761

(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)  
Image Plus Graphics, Inc.

Mailing Address 1440 NE 31st Street

City State Zip Code  
North Miami Beach FL 33160

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1169.84

Date of Receipt

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

Transaction ID: C5653426

Amount of Each Receipt this Period

1169.84
---------

**B.**

Full Name (Last, First, Middle Initial)  
Julia Johnson

Mailing Address 5169 Latrobe Dr

City State Zip Code  
Windermere FL 34786-8959

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

Name of Employer Occupation  
Net Communications President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

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

Transaction ID: C4979111

Amount of Each Receipt this Period

1000.00
---------

**C.**

Full Name (Last, First, Middle Initial)  
John Arthur Jones

Mailing Address P. O. Box 1288

City State Zip Code  
Tampa FL 33601

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

Name of Employer Occupation  
Holland & Knight, LLP Lawyer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt

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

Transaction ID: C4991456

Amount of Each Receipt this Period

500.00
--------

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

2669.84
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**TOTAL** This Period (last page this line number only) .....

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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 761  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
JohnArthur Jones

Mailing Address P. O. Box 1288

City Tampa State FL Zip Code 33601

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

Name of Employer Holand & Knight LLP Occupation Lawyer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 29 / 2010  
**Transaction ID: C4991454**  
 Amount of Each Receipt this Period: 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Sadao Kotaka

Mailing Address 682 Lexington Drive

City Clermont State FL Zip Code 34711

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

Name of Employer Small Business Owner (Retired) Occupation Small Business Owner (Retired)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2350.00

Date of Receipt: 10 / 16 / 2010  
**Transaction ID: C4979264**  
 Amount of Each Receipt this Period: 100.00

**C.**

Full Name (Last, First, Middle Initial)  
Sadao Kotaka

Mailing Address 682 Lexington Drive

City Clermont State FL Zip Code 34711

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

Name of Employer Small Business Owner (Retired) Occupation Small Business Owner (Retired)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2350.00

Date of Receipt: 10 / 29 / 2010  
**Transaction ID: C4991552**  
 Amount of Each Receipt this Period: 250.00

**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 25 / 761  
(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)  
Sadao Kotaka

Mailing Address 682 Lexington Drive

City State Zip Code  
Clermont FL 34711

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

Name of Employer Small Business Owner (Retired)  
Occupation Small Business Owner (Retired)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2350.00

Date of Receipt  
MM / DD / YYYY  
10 / 30 / 2010

**Transaction ID:** C4991556

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Sadao Kotaka

Mailing Address 682 Lexington Drive

City State Zip Code  
Clermont FL 34711

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

Name of Employer Small Business Owner (Retired)  
Occupation Small Business Owner (Retired)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2350.00

Date of Receipt  
MM / DD / YYYY  
10 / 31 / 2010

**Transaction ID:** C4991553

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Sadao Kotaka

Mailing Address 682 Lexington Drive

City State Zip Code  
Clermont FL 34711

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

Name of Employer Small Business Owner (Retired)  
Occupation Small Business Owner (Retired)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2350.00

Date of Receipt  
MM / DD / YYYY  
10 / 31 / 2010

**Transaction ID:** C4991554

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

**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 26 / 761  
(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)  
Sadao Kotaka

Mailing Address 682 Lexington Drive

City State Zip Code  
Clermont FL 34711

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

Name of Employer Small Business Owner (Retired) Occupation Small Business Owner (Retired)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2350.00

Date of Receipt  
MM / DD / YYYY  
10 / 31 / 2010

**Transaction ID:** C4991557

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Sadao Kotaka

Mailing Address 682 Lexington Drive

City State Zip Code  
Clermont FL 34711

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

Name of Employer Small Business Owner (Retired) Occupation Small Business Owner (Retired)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2350.00

Date of Receipt  
MM / DD / YYYY  
11 / 01 / 2010

**Transaction ID:** C4991555

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Sadao Kotaka

Mailing Address 682 Lexington Drive

City State Zip Code  
Clermont FL 34711

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

Name of Employer Small Business Owner (Retired) Occupation Small Business Owner (Retired)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2350.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2010

**Transaction ID:** C4991558

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00

**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 / 761

(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)

Sadao Kotaka

Mailing Address 682 Lexington Drive

City State Zip Code  
Clermont FL 34711

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

Name of Employer Small Business Owner (Retired) Occupation Small Business Owner (Retired)

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2350.00

Date of Receipt

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

Transaction ID: C5655113

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Sadao Kotaka

Mailing Address 682 Lexington Drive

City State Zip Code  
Clermont FL 34711

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

Name of Employer Small Business Owner (Retired) Occupation Small Business Owner (Retired)

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2350.00

Date of Receipt

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

Transaction ID: C5655114

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Sunil Kumar

Mailing Address 10701 Pine Lodge Trail

City State Zip Code  
Fort Lauderdale FL 33328

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

Name of Employer self Occupation doctor

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: C4990940

Amount of Each Receipt this Period

1000.00

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

1500.00

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 / 761  
(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)  
Roccia Laurent

Mailing Address 1425 Brickell Ave  
45C

City Miami State FL Zip Code 33131-3400

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

Name of Employer housewife Occupation housewife

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 28 / 2010  
Transaction ID: C4981086  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Daniel Lewis

Mailing Address 4000 Ponce De Leon Blvd. Suite 510

City Coral Gables State FL Zip Code 33146

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

Name of Employer Retired Occupation Explorer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 21 / 2010  
Transaction ID: C4979461  
Amount of Each Receipt this Period 2500.00

**C.** Full Name (Last, First, Middle Initial)  
Henry Lord

Mailing Address 313 Audubon Ct

City New Haven State CT Zip Code 06510-1203

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

Name of Employer Self Occupation Investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 23 / 2010  
Transaction ID: C4979489  
Amount of Each Receipt this Period 2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5500.00

**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 / 761  
(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)  
Linford Loughheed

Mailing Address Po Box 402545

City State Zip Code  
Miami Beach FL 33140

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

Name of Employer IDI, Inc Occupation Writer

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 0 / 1 9 / 2 0 1 0

**Transaction ID:** C4979280

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dan Martinez

Mailing Address 2935 1st Ave N

City State Zip Code  
St Petersburg FL 33713

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

Name of Employer Self Occupation Lawyer

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 0 / 2 8 / 2 0 1 0

**Transaction ID:** C4991393

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Melissa Marie Maxfield

Mailing Address 8947 Donna Lu Dr

City State Zip Code  
Odessa FL 33556-1908

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

Name of Employer DSCC Occupation government relation

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 0 / 2 8 / 2 0 1 0

**Transaction ID:** C4991530

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

**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 / 761

(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)  
Gwendolyn F. McLin

Mailing Address 5415 Banana Point Dr

City State Zip Code  
Okahumpka FL 34762-3334

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

Name of Employer Occupation  
Florida Board Of Regents Homemaker

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: C4979068

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Marc Melser

Mailing Address 27090 Harbour Oaks Blvd

City State Zip Code  
Punta Gorda FL 33983

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

Name of Employer Occupation  
21St Century Oncology Physician

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 0 / 1 9 / 2 0 1 0

Transaction ID: C4979277

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
William Merlin

Mailing Address 3315 W Lykes Ave

City State Zip Code  
Tampa FL 33609-4623

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

Name of Employer Occupation  
Information Requested Information Requested

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

Date of Receipt

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

Transaction ID: C5655153

Amount of Each Receipt this Period  
10000.00

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

11500.00

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

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

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

FOR LINE NUMBER: PAGE 31 / 761  
(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)  
Paula Mims

Mailing Address 1524 Easton Dr

City State Zip Code  
Lakeland FL 33803-3308

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

Name of Employer Occupation  
Mims Group LLC Mobile Homes Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

**Transaction ID:** C4975425

Amount of Each Receipt this Period  
3000.00

**B.** Full Name (Last, First, Middle Initial)  
Gonzalo J. Morales

Mailing Address 1200 Ponce De Leon Blvd, Second Fl

City State Zip Code  
Miami FL 33134

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 ▼ 5000.00

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

**Transaction ID:** C4981069

Amount of Each Receipt this Period  
5000.00

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

Mailing Address 20 N. Orange Ave., Suite 1600

City State Zip Code  
Orlando FL 32801

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

Name of Employer Occupation  
Morgan & Morgan, P.A. Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

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

**Transaction ID:** C4991396

Amount of Each Receipt this Period  
10000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **18000.00**

**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 / 761

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Albert H. Nahmad		Date of Receipt MM / DD / YYYY 10 / 29 / 2010		
	Mailing Address 2665 S Bayshore Dr		<b>Transaction ID:</b> C5655167		
	City Miami	State FL	Zip Code 33133-5448	Amount of Each Receipt this Period 10000.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Self Employed		Occupation Attorney		Aggregate Year-to-Date ▼ 10000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) New Millennium Political Action Committee		Date of Receipt MM / DD / YYYY 10 / 28 / 2010		
	Mailing Address 1 Gateway Center Ste 520		<b>Transaction ID:</b> C4980874		
	City Newark	State NJ	Zip Code 07102	Amount of Each Receipt this Period 5000.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer		Occupation		Aggregate Year-to-Date ▼ 5000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Kris O'Horo		Date of Receipt MM / DD / YYYY 11 / 12 / 2010		
	Mailing Address 3200 Falcon Point Dr		<b>Transaction ID:</b> C4998506		
	City Kissimmee	State FL	Zip Code 34741-7542	Amount of Each Receipt this Period 321.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Walt Disney World		Occupation Stage Tech Level I		Aggregate Year-to-Date ▼ 321.00	

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

15321.00

**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 33 / 761  
(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)  
Marshall Ohring

Mailing Address 3621 N. 53rd Ave

City State Zip Code  
Hollywood FL 33021

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

Name of Employer Pediatric Associates Occupation Doctor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
10 / 26 / 2010

**Transaction ID:** C4980710

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Elizabeth Padron

Mailing Address 2814 Emathla St

City State Zip Code  
Miami FL 33133-3247

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

Name of Employer Padron Cigars Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
11 / 04 / 2010

**Transaction ID:** C5655298

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Jorge Padron

Mailing Address 1575 SW 1st St

City State Zip Code  
Miami FL 33135-2102

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

Name of Employer Padron Cigars Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
11 / 04 / 2010

**Transaction ID:** C5655299

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 761
	<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)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b>	Full Name (Last, First, Middle Initial) Jose Padron		Date of Receipt																					
	Mailing Address 1566 W Flagler St		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	4	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	0	4	/	2	0	1	0														
	City	State	Zip Code	<b>Transaction ID:</b> C5655297																				
Miami	FL	33135-2118	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.	C		2000.00																					
Name of Employer Padron Cigars		Occupation Executive																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼																						
		2000.00																						

<b>B.</b>	Full Name (Last, First, Middle Initial) Curry G Pajcic		Date of Receipt																					
	Mailing Address 4612 Ortega Blvd		<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>0</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	7	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0	/	2	7	/	2	0	1	0														
	City	State	Zip Code	<b>Transaction ID:</b> C4991549																				
Jacksonville	FL	32210-7634	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.	C		1000.00																					
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 ▼																						
		1000.00																						

<b>C.</b>	Full Name (Last, First, Middle Initial) Paul Palmberg		Date of Receipt																					
	Mailing Address 5785 SW 119th Street		<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>0</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	9	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0	/	2	9	/	2	0	1	0														
	City	State	Zip Code	<b>Transaction ID:</b> C4991428																				
Coral Gables	FL	33156	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.	C		250.00																					
Name of Employer University of Miami		Occupation Ophthalmology Professor																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼																						
		250.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3250.00
<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 35 / 761  
(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)  
Thomas Panza

Mailing Address 3600 North Federal Highway

City State Zip Code  
Fort Lauderdale FL 33308

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

Name of Employer Panza, Maurer & Maynard P.A. Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt: 10 / 27 / 2010  
Transaction ID: C4979074  
Amount of Each Receipt this Period: 3000.00

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

Mailing Address 240 N Magnolia Dr

City State Zip Code  
Tallahassee FL 32301-2638

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

Name of Employer Attorney Occupation Parks & Crump LLC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 7500.00

Date of Receipt: 10 / 25 / 2010  
Transaction ID: C4980715  
Amount of Each Receipt this Period: 2500.00

**C.** Full Name (Last, First, Middle Initial)  
Suzanne Peck

Mailing Address 7512 Royal Oak Drive

City State Zip Code  
Mclean VA 22102

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

Name of Employer Washington Metropolitan Area Transit A Occupation Assistant General Manager, IT, and CIO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 22 / 2010  
Transaction ID: C4979485  
Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6500.00

**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 / 761
	(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)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b>	Full Name (Last, First, Middle Initial) Tuan Pham	Date of Receipt MM / DD / YYYY 10 / 30 / 2010
	Mailing Address 6144 South Rockridge Blvd	<b>Transaction ID:</b> C4991475
	City State Zip Code Oakland CA 94618	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Goodwin Procter Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Tarra L. Pressey	Date of Receipt MM / DD / YYYY 10 / 19 / 2010
	Mailing Address 3028 Casa Rio Ct	<b>Transaction ID:</b> C4965539
	City State Zip Code Riviera Beach FL 33418-6507	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Tarra Enterprises, Inc. Airport Concessions Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) James H. Pugh, Jr.	Date of Receipt MM / DD / YYYY 10 / 28 / 2010
	Mailing Address 359 Carolina Ave	<b>Transaction ID:</b> C5655156
	City State Zip Code Winter Park FL 32789	Amount of Each Receipt this Period 10000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Epoch Properties, Inc. Real Estate Developer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

<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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 761  
(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)  
Toni Randolph

Mailing Address 4814 Fisher Island Dr

City Miami Beach State FL Zip Code 33109-0174

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 28 / 2010

Transaction ID: C4981087

Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Astra Remy-Calixte

Mailing Address 269 NW 7th St Apt 219

City Miami State FL Zip Code 33136-3903

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

Name of Employer Self-employed Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 10 / 21 / 2010

Transaction ID: C4990949

Amount of Each Receipt this Period 4000.00

**C.**

Full Name (Last, First, Middle Initial)  
James Reus

Mailing Address 2169 Bay Court

City Weston State FL Zip Code 33326

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

Name of Employer Sunshine Gasoline Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 28 / 2010

Transaction ID: C4991401

Amount of Each Receipt this Period 2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6500.00

**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 / 761  
(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)  
Marjorie Roberts

Mailing Address PO Box 6347

City State Zip Code  
St Thomas VI 00804-6347

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

Name of Employer Occupation  
Marjorie Roberts, PC Attorney

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 0 / 2 8 / 2 0 1 0

**Transaction ID:** C4991391

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Judd G Rosen

Mailing Address 1111 Brickell Ave  
Ste 2180

City State Zip Code  
Miami FL 33131-3112

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

Name of Employer Occupation  
Goldberg & Rosen Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

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

**Transaction ID:** C4980866

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
William Sadler

Mailing Address 56 7th Ave  
Apt 8F

City State Zip Code  
New York NY 10011-6657

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 ▼ 300.00

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

**Transaction ID:** C4981224

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3300.00**

**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 / 761  
(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)  
Marvin Samel

Mailing Address 5435 Lagorce Drive

City State Zip Code  
Miami Beach FL 33140

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

Name of Employer Occupation  
Drew Estate Cigars Executive VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

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

**Transaction ID:** C4990942

Amount of Each Receipt this Period  
1200.00

**B.** Full Name (Last, First, Middle Initial)  
Robert Schemel

Mailing Address 5861 Heritage Park Way

City State Zip Code  
Delray Beach FL 33484-8553

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

Name of Employer Occupation  
Heritage Park of West Delray Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

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

**Transaction ID:** C4980861

Amount of Each Receipt this Period  
10000.00

**C.** Full Name (Last, First, Middle Initial)  
Mark P Schnapp

Mailing Address 450 Alton Rd Apt 2305

City State Zip Code  
Miami Beach FL 33139-6765

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

Name of Employer Occupation  
Greenberg Traurig Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

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

**Transaction ID:** C4991550

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 12200.00

**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 40 / 761

(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)  
Steven R. Scott

Mailing Address 2124 NE 17 Terrace

City State Zip Code  
Fort Lauderdale FL 33305

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

Name of Employer Self Occupation Doctor

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

Date of Receipt

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

Transaction ID: C4979067

Amount of Each Receipt this Period  
10000.00

**B.**

Full Name (Last, First, Middle Initial)  
Armando Seay

Mailing Address 8825 Stanford Blvd

City State Zip Code  
Columbia MD 21045-4754

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

Name of Employer Ross Technologies Occupation Founder/ President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3000.00

Date of Receipt

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

Transaction ID: C4981301

Amount of Each Receipt this Period  
3000.00

**C.**

Full Name (Last, First, Middle Initial)  
Scott Sentf

Mailing Address 126 S Federal Hwy

City State Zip Code  
Dania FL 33004-3661

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

Name of Employer Self Employed Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: C4981083

Amount of Each Receipt this Period  
1000.00

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

14000.00

**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 / 761  
(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)  
Brenda Shuford

Mailing Address 30101 Pga Dr

City Sorrento State FL Zip Code 32776-7107

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 10 / 28 / 2010  
**Transaction ID: C4981223**  
 Amount of Each Receipt this Period 500.00

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

Mailing Address 1031 1st St. South #1008

City Jacksonville Beach State FL Zip Code 32250

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

Name of Employer University of North Florida Occupation teacher

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 14 / 2010  
**Transaction ID: C4960519**  
 Amount of Each Receipt this Period 1000.00

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

Mailing Address 13865 S. Dixie Hw. Suite 307

City Miami State FL Zip Code 33176

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

Name of Employer Self Occupation Chiropractor

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 15 / 2010  
**Transaction ID: C4979257**  
 Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1550.00

**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 / 761  
(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)  
Jeffrey Solomon

Mailing Address 13865 S. Dixie Hw.  
Suite 307

City Miami State FL Zip Code 33176

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

Name of Employer Self Occupation Chiropractor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 15 / 2010

Transaction ID: C5655119

Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
Richard R. Swann

Mailing Address 750 Gatlin Ave

City Orlando State FL Zip Code 32806-6918

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

Name of Employer Swann & Hadley, PA Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 27 / 2010

Transaction ID: C5655149

Amount of Each Receipt this Period 10000.00

**C.** Full Name (Last, First, Middle Initial)  
Karen Swartz

Mailing Address 102 NE 2nd Street, #122

City Boca Raton State FL Zip Code 33432

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

Name of Employer Self Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 29 / 2010

Transaction ID: C4991451

Amount of Each Receipt this Period 750.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 10800.00

**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 / 761  
(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 Swecker  
 Mailing Address 3327 West Franklin Street  
 City Richmond State VA Zip Code 23221  
 Date of Receipt MM / DD / YYYY 10 / 26 / 2010  
**Transaction ID:** C4980706  
 Amount of Each Receipt this Period 150.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Self Occupation Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

**B.** Full Name (Last, First, Middle Initial)  
Susan Swecker  
 Mailing Address 3327 West Franklin Street  
 City Richmond State VA Zip Code 23221  
 Date of Receipt MM / DD / YYYY 10 / 27 / 2010  
**Transaction ID:** C4991560  
 Amount of Each Receipt this Period 100.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Self Occupation Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

**C.** Full Name (Last, First, Middle Initial)  
Robert L. Tankel, PA  
 Mailing Address 1022 Main Street  
 City Dunedin State FL Zip Code 34698  
 Date of Receipt MM / DD / YYYY 10 / 28 / 2010  
**Transaction ID:** C4981093  
 Amount of Each Receipt this Period 500.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Self Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 761
	<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)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A.</b>	Full Name (Last, First, Middle Initial) John Teems		Date of Receipt
	Mailing Address 9080 Heckscher Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 4 / 2 0 1 0
	City	State	Zip Code
	Jacksonville	FL	32226-2413
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C5655292
Name of Employer Information Requested		Occupation Information Requested	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"/> 1000.00
		<input type="text"/> 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) The Association of Professional Flight Attendants		Date of Receipt
	Mailing Address 1004 W Eules Blvd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 9 / 2 0 1 0
	City	State	Zip Code
	Eules	TX	76040-5009
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C4960030
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"/> 1000.00
		<input type="text"/> 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Marilyn Thompson		Date of Receipt
	Mailing Address 236 Westwood Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Annapolis	MD	21401
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C4979108
Name of Employer mww Group		Occupation Executive VP	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"/> 1000.00
		<input type="text"/> 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 3000.00
<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 45 / 761  
(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)  
Fabio Alexander Vasquez

Mailing Address 6871 Fern Drive

City State Zip Code  
Miami Lakes FL 33014

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

Name of Employer Self-employed Occupation  
Self-employed Philanthropist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
6000.00

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

**Transaction ID:** C4990946

Amount of Each Receipt this Period  
5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Fabio Alexander Vasquez

Mailing Address 6871 Fern Drive

City State Zip Code  
Miami Lakes FL 33014

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

Name of Employer Self-employed Occupation  
Self-employed Philanthropist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
6000.00

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

**Transaction ID:** C5655300

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Jefferson Voss

Mailing Address P.O. Box 305

City State Zip Code  
Orlando FL 32835

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

Name of Employer Tavistock Financial Corp Occupation  
Tavistock Financial Corp Executive

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 0 / 2 8 / 2 0 1 0

**Transaction ID:** C5655164

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **11000.00**

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

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

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

FOR LINE NUMBER: PAGE 46 / 761  
(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)  
Ed Walborsky

Mailing Address 438 E. Government St

City State Zip Code  
Pensacola FL 32502

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 ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
10 / 28 / 2010

**Transaction ID:** C4991398

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
Aleida Ors Waldman

Mailing Address 440 S Andrews Ave

City State Zip Code  
Fort Lauderdale FL 33301-2830

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 ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
11 / 04 / 2010

**Transaction ID:** C5655293

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
Michael A. Weiss

Mailing Address 2107 South East 21st Street

City State Zip Code  
Fort Lauderdale FL 33316

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

Name of Employer Weiss & Hernandez Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
MM / DD / YYYY  
10 / 27 / 2010

**Transaction ID:** C4979066

Amount of Each Receipt this Period  
800.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5300.00

**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 47 / 761  
(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)  
Judy Wener

Mailing Address 3981 N 32nd Ter

City Hollywood State FL Zip Code 33021-2022

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

Name of Employer Self Occupation Housekeeper

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 28 / 2010

Transaction ID: C4981090

Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Alexandra Williams

Mailing Address 2468 Elfinwing Ln

City Tallahassee State FL Zip Code 32309-7005

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

Name of Employer Alexandra Williams, MD Occupation Doctor of Internal Medicine

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 29 / 2010

Transaction ID: C4991529

Amount of Each Receipt this Period 2500.00

**C.** Full Name (Last, First, Middle Initial)  
Daniel Ziff

Mailing Address 350 Park Avenue, Fl 11

City New York State NY Zip Code 10022

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

Name of Employer Ziff Brothers Investments Occupation Managing Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 10 / 22 / 2010

Transaction ID: C4979484

Amount of Each Receipt this Period 3000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5750.00

**TOTAL** This Period (last page this line number only) ..... ► 316311.84

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 761

(check only one)

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

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

**A.**

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

Mailing Address 430 S Capitol St SE

City State Zip Code  
Washington DC 20003-4024

FEC ID number of contributing federal political committee. **C** C00435560

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
83906.89

Date of Receipt

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

Transaction ID: C4965438

Amount of Each Receipt this Period

30708.77

**B.**

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

Mailing Address 430 S Capitol St SE

City State Zip Code  
Washington DC 20003-4024

FEC ID number of contributing federal political committee. **C** C00435560

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
83906.89

Date of Receipt

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

Transaction ID: C4998508

Amount of Each Receipt this Period

25415.35

**C.**

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

Mailing Address 430 S Capitol St SE

City State Zip Code  
Washington DC 20003-4024

FEC ID number of contributing federal political committee. **C** C00435560

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
83906.89

Date of Receipt

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

Transaction ID: C4998509

Amount of Each Receipt this Period

4924.00

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

61048.12

**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 / 761  
(check only one)

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

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

**A.**

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

Mailing Address 430 South Capitol Street, SE

City Washington State DC Zip Code 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 ▼  
1149396.93

Date of Receipt  
MM / DD / YYYY  
10 / 28 / 2010

**Transaction ID:** C5653460

Amount of Each Receipt this Period  
6034.50

\* In-Kind: Rent

**B.**

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

Mailing Address 430 South Capitol Street, SE

City Washington State DC Zip Code 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 ▼  
1149396.93

Date of Receipt  
MM / DD / YYYY  
10 / 28 / 2010

**Transaction ID:** C5653461

Amount of Each Receipt this Period  
204.75

\* In-Kind: Utilities

**C.**

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

Mailing Address 430 South Capitol Street, SE

City Washington State DC Zip Code 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 ▼  
1149396.93

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2010

**Transaction ID:** C5653457

Amount of Each Receipt this Period  
87521.06

\* In-Kind: Payroll & Benefits

**SUBTOTAL** of Receipts This Page (optional) ..... ► **93760.31**

**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 / 761  
(check only one)

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

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

**A.**

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

Mailing Address 430 South Capitol Street, SE

City Washington State DC Zip Code 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 ▼ 1149396.93

Date of Receipt: 11 / 02 / 2010

**Transaction ID:** C5653458

Amount of Each Receipt this Period: 10200.00

\* In-Kind: Phones

**B.**

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

Mailing Address 430 South Capitol Street, SE

City Washington State DC Zip Code 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 ▼ 1149396.93

Date of Receipt: 11 / 03 / 2010

**Transaction ID:** C5653454

Amount of Each Receipt this Period: 3220.00

\* In-Kind: Voter File Access

**C.**

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

Mailing Address 430 South Capitol Street, SE

City Washington State DC Zip Code 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 ▼ 1149396.93

Date of Receipt: 11 / 16 / 2010

**Transaction ID:** C5653455

Amount of Each Receipt this Period: 3220.00

\* In-Kind: Voter File Access

**SUBTOTAL** of Receipts This Page (optional) ..... ► 16640.00

**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 51 / 761  
(check only one)

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

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

**A.**

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

Mailing Address 430 South Capitol Street, SE

City Washington State DC Zip Code 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 ▼ 1149396.93

Date of Receipt 11 / 16 / 2010

**Transaction ID:** C5653456

Amount of Each Receipt this Period 3220.00

\* In-Kind: Voter File Access

**B.**

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

Mailing Address 430 South Capitol Street, SE

City Washington State DC Zip Code 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 ▼ 1149396.93

Date of Receipt 11 / 16 / 2010

**Transaction ID:** C5653459

Amount of Each Receipt this Period 12740.00

\* In-Kind: Travel

**C.**

Full Name (Last, First, Middle Initial)  
Florida Democratic Party

Mailing Address 214 S. Bronough St.

City Tallahassee State FL Zip Code 32301

FEC ID number of contributing federal political committee. **C** C00005561

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 46620.00

Date of Receipt 10 / 25 / 2010

**Transaction ID:** C5655320

Amount of Each Receipt this Period 40690.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 56650.00

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

C. Form/Schedule : **SA11B**

Cashiers check was created and then not used so the check was redeposited.

Transaction ID : **C5655320**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 761  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Florida Democratic Party

Mailing Address 214 S. Bronough St.

City Tallahassee	State FL	Zip Code 32301
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00005561

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
46620.00

Date of Receipt  

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

Transaction ID: C4998498

Amount of Each Receipt this Period  
5930.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5930.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	234028.43

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

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

FOR LINE NUMBER: PAGE 54 / 761  
(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)  
American Federation of Teachers

Mailing Address 555 NEW JERSEY AVE., NW

City State Zip Code  
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C70002472

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 / 0 2 / 2 0 1 0

**Transaction ID:** C4991022

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
AMERIPAC The Fund for A Greater America

Mailing Address 499 S. CAPITOL ST. S.W. #414

City State Zip Code  
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C** C00271338

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2393.65

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 6 / 2 0 1 0

**Transaction ID:** C5038145

Amount of Each Receipt this Period  
31.00

\* In-Kind: Travel

**C.** Full Name (Last, First, Middle Initial)  
AMERIPAC The Fund for A Greater America

Mailing Address 499 S. CAPITOL ST. S.W. #414

City State Zip Code  
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C** C00271338

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2393.65

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

**Transaction ID:** C4959035

Amount of Each Receipt this Period  
445.50

\* In-Kind: Travel

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5476.50**

**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 55 / 761  
(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)  
AMERIPAC The Fund for A Greater America

Mailing Address 499 S. CAPITOL ST. S.W. #414

City State Zip Code  
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C** C00271338

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2393.65

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

**Transaction ID:** C4959036

Amount of Each Receipt this Period  
333.33

\* In-Kind: Travel

**B.** Full Name (Last, First, Middle Initial)  
Castor For Congress

Mailing Address 301 W. Platt Street #385

City State Zip Code  
Tampa FL 33606

FEC ID number of contributing federal political committee. **C** C00410761

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 32000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

**Transaction ID:** C4981392

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
Committee to Elect Alan Grayson

Mailing Address 8419 Oak Park Road

City State Zip Code  
Orlando FL 32819

FEC ID number of contributing federal political committee. **C** C00424713

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 106728.82

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

**Transaction ID:** C4959623

Amount of Each Receipt this Period  
17000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **19333.33**

**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 / 761

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Committee to Elect Alan Grayson

Mailing Address 8419 Oak Park Road

City State Zip Code  
Orlando FL 32819

FEC ID number of contributing federal political committee. **C** C00424713

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
106728.82

Date of Receipt

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

Transaction ID: C4974808

Amount of Each Receipt this Period

15000.00

**B.**

Full Name (Last, First, Middle Initial)  
Committee to Elect Alan Grayson

Mailing Address 8419 Oak Park Road

City State Zip Code  
Orlando FL 32819

FEC ID number of contributing federal political committee. **C** C00424713

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
106728.82

Date of Receipt

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

Transaction ID: C4979070

Amount of Each Receipt this Period

38565.50

**C.**

Full Name (Last, First, Middle Initial)  
Debbie Wasserman Schultz For Congress

Mailing Address 1071 Twin Branch Ln

City State Zip Code  
Weston FL 33326

FEC ID number of contributing federal political committee. **C** C00385773

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
57500.00

Date of Receipt

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

Transaction ID: C4960513

Amount of Each Receipt this Period

50000.00

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

103565.50

**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 57 / 761  
 (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)  
Debbie Wasserman Schultz For Congress

Mailing Address 1071 Twin Branch Ln

City State Zip Code  
Weston FL 33326

FEC ID number of contributing federal political committee. **C** C00385773

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
57500.00

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

**Transaction ID:** C4981048

Amount of Each Receipt this Period  
5000.00

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

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 ▼  
5000.00

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

**Transaction ID:** C4958441

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
DRIVE Committee

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 ▼  
5000.00

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

**Transaction ID:** C4959621

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8000.00**

**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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(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)  
DRIVE Committee

Mailing Address 25 Louisiana Ave NW

City Washington State DC Zip Code 20001

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  
 1 0 / 2 2 / 2 0 1 0

**Transaction ID:** C4974803

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
EMILY's List Federal Fund

Mailing Address 1120 Connecticut Avenue, NW Ste 11

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00193433

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 7500.00

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

**Transaction ID:** C4981070

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
IBEW Educational Committee

Mailing Address 900 7th Street, NW

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 7500.00

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

**Transaction ID:** C4981071

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 9500.00

**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 59 / 761

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
IBEW Educational Committee

Mailing Address 900 7th Street, 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 ▼  
7500.00

Date of Receipt

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

Transaction ID: C4991017

Amount of Each Receipt this Period  
5000.00

**B.**

Full Name (Last, First, Middle Initial)  
LEVIN FOR CONGRESS

Mailing Address PO Box 37

City State Zip Code  
Roseville MI 48066

FEC ID number of contributing federal political committee. **C** C00156612

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt

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

Transaction ID: C4974794

Amount of Each Receipt this Period  
5000.00

**C.**

Full Name (Last, First, Middle Initial)  
LEVIN FOR CONGRESS

Mailing Address PO Box 37

City State Zip Code  
Roseville MI 48066

FEC ID number of contributing federal political committee. **C** C00156612

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt

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

Transaction ID: C4991019

Amount of Each Receipt this Period  
5000.00

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

15000.00

**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 60 / 761  
(check only one)

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Regions Financial Corporation Committee On Governm		Date of Receipt
	Mailing Address 417 20th St North		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Birmingham	AL	35202
	FEC ID number of contributing federal political committee.		Transaction ID: C4974280
		Amount of Each Receipt this Period	<input type="text" value="2500.00"/>
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="2500.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="2500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="163375.33"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 61 / 761  
(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)  
American Postal Workers Union

Mailing Address 1300 L St NW

City Washington State DC Zip Code 20005-4107

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1282.00

Date of Receipt: 10 / 28 / 2010  
Transaction ID: C5655238  
Amount of Each Receipt this Period: 1282.00

**[MEMO ITEM]**  
\* DSP Joint Victory Fund

**B.** Full Name (Last, First, Middle Initial)  
BAKERY, CONFECTIONERY, TOBACCO WORKERS AND GRAIN M

Mailing Address 10401 Connecticut Avenue

City Kensington State MD Zip Code 20895

FEC ID number of contributing federal political committee. **C** C00127621

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 102.00

Date of Receipt: 10 / 28 / 2010  
Transaction ID: C5655237  
Amount of Each Receipt this Period: 102.00

**[MEMO ITEM]**  
\* DSP Joint Victory Fund

**C.** Full Name (Last, First, Middle Initial)  
Committee to Elect Alan Grayson

Mailing Address 8419 Oak Park Road

City Orlando State FL Zip Code 32819

FEC ID number of contributing federal political committee. **C** C00424713

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 106728.82

Date of Receipt: 11 / 18 / 2010  
Transaction ID: C5014809  
Amount of Each Receipt this Period: 36163.32

**SUBTOTAL** of Receipts This Page (optional) ..... ► 36163.32

**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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(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE

City State Zip Code  
Washington DC 20003-4024

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
998758.16

Date of Receipt

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

Transaction ID: C5655188

Amount of Each Receipt this Period

32407.00

**B.**

Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE

City State Zip Code  
Washington DC 20003-4024

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
998758.16

Date of Receipt

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

Transaction ID: C4977138

Amount of Each Receipt this Period

49733.00

**C.**

Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE

City State Zip Code  
Washington DC 20003-4024

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
998758.16

Date of Receipt

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

Transaction ID: C4977137

Amount of Each Receipt this Period

40000.00

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

122140.00

**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 63 / 761  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

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

Mailing Address 430 S Capitol St SE

City Washington State DC Zip Code 20003-4024

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 998758.16

Date of Receipt 10 / 26 / 2010

**Transaction ID:** C4977139

Amount of Each Receipt this Period 65000.00

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

Mailing Address 430 South Capitol Street, SE

City Washington State DC Zip Code 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 ▼ 1149396.93

Date of Receipt 10 / 19 / 2010

**Transaction ID:** C5655144

Amount of Each Receipt this Period 250000.00

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

Mailing Address 430 South Capitol Street, SE

City Washington State DC Zip Code 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 ▼ 1149396.93

Date of Receipt 10 / 19 / 2010

**Transaction ID:** C5655147

Amount of Each Receipt this Period 20000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 335000.00

**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 64 / 761  
(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 Washington State DC Zip Code 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 ▼  
1149396.93

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

**Transaction ID:** C4977140

Amount of Each Receipt this Period  
200000.00

**B.** Full Name (Last, First, Middle Initial)  
Democratic Party of New Mexico

Mailing Address 1301 San Pedro Blvd.

City Albuquerque State NM Zip Code 87110

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
101600.00

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

**Transaction ID:** C5655244

Amount of Each Receipt this Period  
1600.00

**[MEMO ITEM]**  
\* DSP Joint Victory Fund

**C.** Full Name (Last, First, Middle Initial)  
DSP Joint Victory Fund

Mailing Address 434 Fayetteville St

City Raleigh State NC Zip Code 27601-1701

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1315.75

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

**Transaction ID:** C5655239

Amount of Each Receipt this Period  
1315.75

**[MEMO ITEM]**  
\* DSP Joint Victory Fund

**SUBTOTAL** of Receipts This Page (optional) ..... ► 200000.00

**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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(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)  
Kentucky Democratic Party  
Mailing Address 190 Democrat Dr  
City Frankfort State KY Zip Code 40601-9229  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1125.00  
Date of Receipt 10 / 28 / 2010  
Transaction ID: C5655240  
Amount of Each Receipt this Period 1125.00  
[MEMO ITEM]  
\* DSP Joint Victory Fund

**B.** Full Name (Last, First, Middle Initial)  
Klein for Congress Inc.  
Mailing Address 21301 Powerline Road, Suite 204  
City Boca Raton State FL Zip Code 33433  
FEC ID number of contributing federal political committee. **C** C00410522  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 23000.00  
Date of Receipt 10 / 29 / 2010  
Transaction ID: C5655189  
Amount of Each Receipt this Period 20000.00

**C.** Full Name (Last, First, Middle Initial)  
Nevada Democratic Party  
Mailing Address 1210 S Valley View Blvd Ste 114  
City Las Vegas State NV Zip Code 89102-1857  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1600.00  
Date of Receipt 10 / 28 / 2010  
Transaction ID: C5655241  
Amount of Each Receipt this Period 1600.00  
[MEMO ITEM]  
\* DSP Joint Victory Fund

**SUBTOTAL** of Receipts This Page (optional) ..... ► 20000.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 66 / 761  
(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)  
New Hampshire Democratic Party

Mailing Address 105 N State St

City State Zip Code  
Concord NH 03301-4334

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1600.00

Date of Receipt  
MM / DD / YYYY  
10 / 28 / 2010

Transaction ID: C5655242

Amount of Each Receipt this Period  
1600.00

**[MEMO ITEM]**  
\* DSP Joint Victory Fund

**B.** Full Name (Last, First, Middle Initial)  
New Jersey Democratic State Committee

Mailing Address 196 W State St

City State Zip Code  
Trenton NJ 08608-1104

FEC ID number of contributing federal political committee. **C** C00104471

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1600.00

Date of Receipt  
MM / DD / YYYY  
10 / 28 / 2010

Transaction ID: C5655243

Amount of Each Receipt this Period  
1600.00

**[MEMO ITEM]**  
\* DSP Joint Victory Fund

**C.** Full Name (Last, First, Middle Initial)  
New York State Democratic Committee

Mailing Address 60 Madison Avenue, Ste. 1201

City State Zip Code  
New York NY 10010

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1600.00

Date of Receipt  
MM / DD / YYYY  
10 / 28 / 2010

Transaction ID: C5655245

Amount of Each Receipt this Period  
1600.00

**[MEMO ITEM]**  
\* DSP Joint Victory Fund

**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 67 / 761  
(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)  
North Carolina Democratic Party

Mailing Address 220 Hillsborough St

City Raleigh State NC Zip Code 27603-1724

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt: 10 / 28 / 2010  
Transaction ID: C5655247  
Amount of Each Receipt this Period: 1600.00

**[MEMO ITEM]**  
\* DSP Joint Victory Fund

**B.** Full Name (Last, First, Middle Initial)  
North Dakota Democratic Party

Mailing Address 1902 E Divide Ave

City Bismarck State ND Zip Code 58501-2301

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt: 10 / 28 / 2010  
Transaction ID: C5655248  
Amount of Each Receipt this Period: 1600.00

**[MEMO ITEM]**  
\* DSP Joint Victory Fund

**C.** Full Name (Last, First, Middle Initial)  
Ohio Democratic Party

Mailing Address 271 East State Street

City Columbus State OH Zip Code 43215

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt: 10 / 28 / 2010  
Transaction ID: C5655249  
Amount of Each Receipt this Period: 1600.00

**[MEMO ITEM]**  
\* DSP Joint Victory Fund

**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 68 / 761  
(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)  
Oklahoma Democratic Party  
Mailing Address 4100 N Lincoln Blvd  
City Oklahoma City State OK Zip Code 73105-5209  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1600.00  
Date of Receipt 10 / 28 / 2010  
Transaction ID: C5655250  
Amount of Each Receipt this Period 1600.00  
[MEMO ITEM]  
\* DSP Joint Victory Fund

**B.** Full Name (Last, First, Middle Initial)  
Oregon Democratic Party  
Mailing Address 232 NE 9th Ave  
City Portland State OR Zip Code 97232-2915  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1600.00  
Date of Receipt 10 / 28 / 2010  
Transaction ID: C5655251  
Amount of Each Receipt this Period 1600.00  
[MEMO ITEM]  
\* DSP Joint Victory Fund

**C.** Full Name (Last, First, Middle Initial)  
Pennsylvania Democratic Party  
Mailing Address 300 N 2nd St Fl 8  
City Harrisburg State PA Zip Code 17101-1303  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pennsylvania Democratic Party Occupation Political Party  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1600.00  
Date of Receipt 10 / 28 / 2010  
Transaction ID: C5655252  
Amount of Each Receipt this Period 1600.00  
[MEMO ITEM]  
\* DSP Joint Victory Fund

**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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(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)  
Jason York

Mailing Address 2400 Purple Martin Ln

City Raleigh State NC Zip Code 27606-4000

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 ▼ 1.00

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

Transaction ID: C5655235

Amount of Each Receipt this Period  
 1.00

**[MEMO ITEM]**  
 \* DSP Joint Victory Fund

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

**TOTAL** This Period (last page this line number only) ..... ► 713303.32

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 761  
(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)  
Mission Control

Mailing Address 114 A Mansfield Hollow Road

City State Zip Code  
Mansfield Center CT 06250

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
71682.00

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

**Transaction ID:** C4927863

Amount of Each Receipt this Period  
71682.00

**B.**

Full Name (Last, First, Middle Initial)  
Payroll Matters

Mailing Address 2069 North Monroe Street

City State Zip Code  
Tallahassee FL 32303

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1867.63

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

**Transaction ID:** C4981384

Amount of Each Receipt this Period  
310.30

**C.**

Full Name (Last, First, Middle Initial)  
Payroll Matters

Mailing Address 2069 North Monroe Street

City State Zip Code  
Tallahassee FL 32303

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1867.63

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

**Transaction ID:** C4981389

Amount of Each Receipt this Period  
436.24

**SUBTOTAL** of Receipts This Page (optional) ..... ► **72428.54**

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

A. Form/Schedule : **SA15**

Refund of overpayment made on 9/21

Transaction ID : **C4927863**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 761  
(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) Payroll Matters		Date of Receipt																				
Mailing Address 2069 North Monroe Street		<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>0</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		2	1		2	0	1	0													
City	State	Zip Code																				
Tallahassee	FL	32303																				
FEC ID number of contributing federal political committee.		Transaction ID: C4981382																				
C		Amount of Each Receipt this Period																				
		566.97																				
Name of Employer	Occupation																					
Receipt For:	Aggregate Year-to-Date ▼																					
<input type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Other (specify) ▼	1867.63																					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	566.97
<b>TOTAL</b> This Period (last page this line number only) .....	72995.51

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 73 / 761	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial) Capital City Bank		Date of Receipt																					
Mailing Address PO Box 1630		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		2	8		2	0	1	0														
City	State	Zip Code	<b>Transaction ID: C5655312</b>																				
Tallahassee	FL	32302-1630	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="37.66"/>																				
Name of Employer	Occupation																						
Receipt For:	Aggregate Year-to-Date ▼																						
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1166.56"/>																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="37.66"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="37.66"/>

# SCHEDULE 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) 241 Car Services, Inc.</p> <p>Mailing Address 5012 W. Cypress St.</p> <p>City Tampa State FL Zip Code 33607</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D334401</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="42.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Action Mail Services, Inc.</p> <p>Mailing Address 1904 Premier Row</p> <p>City Orlando State FL Zip Code 32809</p> <p>Purpose of Disbursement Direct Mail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D334453</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5874.99"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Action Mail Services, Inc.</p> <p>Mailing Address 1904 Premier Row</p> <p>City Orlando State FL Zip Code 32809</p> <p>Purpose of Disbursement Direct Mail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D339205</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="13822.84"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="19739.83"/>
<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)

PAGE 75 / 761

<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) Action Mail Services, Inc.	Transaction ID: D334471 Date of Disbursement
	Mailing Address 1904 Premier Row	<input type="text" value="10"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Orlando State FL Zip Code 32809	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail	<input type="text" value="5874.99"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Jamiah Adams	Transaction ID: D343623 Date of Disbursement
	Mailing Address 100 I Street SE, Apt 513	<input type="text" value="10"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Auto Travel	<input type="text" value="150.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Rajai Ahmad	Transaction ID: D340451 Date of Disbursement
	Mailing Address 1500 NW 12th Ave apt 1711	<input type="text" value="10"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Miami State FL Zip Code 33136	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="80.00"/>
	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="6104.99"/>
<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) Rajai Ahmad	Transaction ID: D340452 Date of Disbursement 10 / 28 / 2010
	Mailing Address 1500 NW 12th Ave apt 1711	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33136	
	Purpose of Disbursement Per Diem	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) Rajai Ahmad	Transaction ID: D340453 Date of Disbursement 10 / 29 / 2010
	Mailing Address 1500 NW 12th Ave apt 1711	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33136	
	Purpose of Disbursement Per Diem	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) Rajai Ahmad	Transaction ID: D340454 Date of Disbursement 11 / 01 / 2010
	Mailing Address 1500 NW 12th Ave apt 1711	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33136	
	Purpose of Disbursement Per Diem	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) .....	▶	160.00
<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) Rajai Ahmad</p> <p>Mailing Address 1500 NW 12th Ave apt 1711</p> <p>City Miami State FL Zip Code 33136</p> <p>Purpose of Disbursement Per Diem</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> D340455 <b>Date of Disbursement</b> 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Dave Alcine</p> <p>Mailing Address 16265 NE 8th Ct</p> <p>City North Miami Beach State FL Zip Code 33162-4405</p> <p>Purpose of Disbursement Per Diem</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> D341919 <b>Date of Disbursement</b> 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Stacy Alexandre</p> <p>Mailing Address 1930 Wiley Street</p> <p>City Hollywood State FL Zip Code 33020</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D340509 <b>Date of Disbursement</b> 11 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 390.00</p>

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

550.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 78 / 761

<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) Cindy Alexis</p> <p>Mailing Address 410 NE 160th Ter</p> <p>City Miami State FL Zip Code 33162-4339</p> <p>Purpose of Disbursement Per Diem</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> D341928</p> <p>Date of Disbursement 10 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Cindy Alexis</p> <p>Mailing Address 410 NE 160th Ter</p> <p>City Miami State FL Zip Code 33162-4339</p> <p>Purpose of Disbursement Per Diem</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> D341929</p> <p>Date of Disbursement 11 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Cindy Alexis</p> <p>Mailing Address 410 NE 160th Ter</p> <p>City Miami State FL Zip Code 33162-4339</p> <p>Purpose of Disbursement Per Diem</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> D341930</p> <p>Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>

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

240.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 79 / 761

<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) Ricky Alexis	Transaction ID: D341931 Date of Disbursement 11 / 01 / 2010
	Mailing Address 410 NE 160th Ter	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33162-4339	
	Purpose of Disbursement Per Diem	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) Ricky Alexis	Transaction ID: D341932 Date of Disbursement 11 / 02 / 2010
	Mailing Address 410 NE 160th Ter	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33162-4339	
	Purpose of Disbursement Per Diem	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) Ricky Alexis	Transaction ID: D341933 Date of Disbursement 10 / 27 / 2010
	Mailing Address 410 NE 160th Ter	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33162-4339	
	Purpose of Disbursement Per Diem	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) .....	240.00
<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

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) Ricky Alexis	Transaction ID: D341934 Date of Disbursement
	Mailing Address 410 NE 160th Ter	<input type="text" value="10"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Miami State FL Zip Code 33162-4339	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="80.00"/>
	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) Ricky Alexis	Transaction ID: D341935 Date of Disbursement
	Mailing Address 410 NE 160th Ter	<input type="text" value="10"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Miami State FL Zip Code 33162-4339	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="80.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ricky Alexis	Transaction ID: D341936 Date of Disbursement
	Mailing Address 410 NE 160th Ter	<input type="text" value="10"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Miami State FL Zip Code 33162-4339	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="80.00"/>
	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="240.00"/>
<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) Ricky Alexis	Transaction ID: D341937 Date of Disbursement 10 / 27 / 2010
	Mailing Address 410 NE 160th Ter	
	City Miami State FL Zip Code 33162-4339	Amount of Each Disbursement this Period 80.00
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Rodlyne Alexis	Transaction ID: D342305 Date of Disbursement 10 / 23 / 2010
	Mailing Address 840 NW 155th Ln Aot, #202	
	City Miami State FL Zip Code 33169-6167	Amount of Each Disbursement this Period 40.00
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Rodlyne Alexis	Transaction ID: D342306 Date of Disbursement 10 / 25 / 2010
	Mailing Address 840 NW 155th Ln Aot, #202	
	City Miami State FL Zip Code 33169-6167	Amount of Each Disbursement this Period 40.00
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) ..... ▶

160.00

**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) Rodlyne Alexis	Transaction ID: D342307 Date of Disbursement 10 / 25 / 2010
	Mailing Address 840 NW 155th Ln Aot, #202	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33169-6167	
	Purpose of Disbursement Per Diem	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) Stephanie Alexis	Transaction ID: D340587 Date of Disbursement 11 / 01 / 2010
	Mailing Address 840 NW 155th Ln Apt 202	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33169-6167	
	Purpose of Disbursement Per Diem	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) Stephanie Alexis	Transaction ID: D340588 Date of Disbursement 11 / 02 / 2010
	Mailing Address 840 NW 155th Ln Apt 202	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33169-6167	
	Purpose of Disbursement Per Diem	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) .....	200.00
<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) Stephanie Alexis	Transaction ID: D340589 Date of Disbursement 10 / 27 / 2010
	Mailing Address 840 NW 155th Ln Apt 202	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33169-6167	
	Purpose of Disbursement Per Diem	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) Stephanie Alexis	Transaction ID: D340591 Date of Disbursement 10 / 28 / 2010
	Mailing Address 840 NW 155th Ln Apt 202	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33169-6167	
	Purpose of Disbursement Per Diem	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) Stephanie Alexis	Transaction ID: D340592 Date of Disbursement 10 / 29 / 2010
	Mailing Address 840 NW 155th Ln Apt 202	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33169-6167	
	Purpose of Disbursement Per Diem	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) .....	▶	240.00
<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) Stephanie Alexis	Transaction ID: D340593 Date of Disbursement 10 / 30 / 2010
	Mailing Address 840 NW 155th Ln Apt 202	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33169-6167	
	Purpose of Disbursement Per Diem	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) Stephanie Alexis	Transaction ID: D340594 Date of Disbursement 10 / 31 / 2010
	Mailing Address 840 NW 155th Ln Apt 202	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33169-6167	
	Purpose of Disbursement Per Diem	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) Edwin Allen	Transaction ID: D340153 Date of Disbursement 10 / 31 / 2010
	Mailing Address 267 NE 201 Terrace	Amount of Each Disbursement this Period 368.75
	City Miami State FL Zip Code 33179	
	Purpose of Disbursement Salary	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

528.75

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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) Jarrell Allen</p> <p>Mailing Address 2419 West Nugget Lane</p> <p>City Tallahassee State FL Zip Code 32303</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D339268</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="185.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jarrell Allen</p> <p>Mailing Address 2419 West Nugget Lane</p> <p>City Tallahassee State FL Zip Code 32303</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D340566</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="160.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Tosha Allen</p> <p>Mailing Address 3181 NW 16th St.</p> <p>City Fort Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D343712</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="360.00"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="705.00"/></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

A.	Full Name (Last, First, Middle Initial) Tosha Allen	Transaction ID: D343713 Date of Disbursement 10 / 17 / 2010
	Mailing Address 3181 NW 16th St.	Amount of Each Disbursement this Period 40.00
	City Fort Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Tosha Allen	Transaction ID: D343714 Date of Disbursement 10 / 17 / 2010
	Mailing Address 3181 NW 16th St.	Amount of Each Disbursement this Period 40.00
	City Fort Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Tosha Allen	Transaction ID: D343715 Date of Disbursement 10 / 16 / 2010
	Mailing Address 3181 NW 16th St.	Amount of Each Disbursement this Period 40.00
	City Fort Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	▶	120.00
<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) Warren Allen	Transaction ID: D341435 Date of Disbursement 10 / 29 / 2010
	Mailing Address 2307 NW 56th St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33142-2927	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Warren Allen	Transaction ID: D341436 Date of Disbursement 10 / 31 / 2010
	Mailing Address 2307 NW 56th St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33142-2927	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Warren Allen	Transaction ID: D341437 Date of Disbursement 11 / 01 / 2010
	Mailing Address 2307 NW 56th St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33142-2927	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) ..... ▶

240.00

**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) Warren Allen	Transaction ID: D341438 Date of Disbursement 11 / 02 / 2010
	Mailing Address 2307 NW 56th St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33142-2927	
	Purpose of Disbursement Per Diem	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) Allen Boyd Campaign Account	Transaction ID: D333084 Date of Disbursement 10 / 18 / 2010
	Mailing Address 1650 Summit Lake Drive, Ste 105	Amount of Each Disbursement this Period 5000.00
	City Tallahassee State FL Zip Code 32317	
	Purpose of Disbursement Contribution	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) Gabriel Allende	Transaction ID: D340890 Date of Disbursement 11 / 02 / 2010
	Mailing Address 7904 Juniper St	Amount of Each Disbursement this Period 40.00
	City Miramar State FL Zip Code 33023-5847	
	Purpose of Disbursement Per Diem	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) .....	5120.00
<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) Amazon.Com	Transaction ID: D338565
	Mailing Address 1200 12th St.	Date of Disbursement 10 / 26 / 2010
	City Seattle State WA Zip Code 98055	Amount of Each Disbursement this Period 250.68
	Purpose of Disbursement Admin Office Supplies	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Amazon.Com	Transaction ID: D338566
	Mailing Address 1200 12th St.	Date of Disbursement 10 / 26 / 2010
	City Seattle State WA Zip Code 98055	Amount of Each Disbursement this Period 138.63
	Purpose of Disbursement Admin Office Supplies	Category/Type
	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) Amazon.Com	Transaction ID: D338567
	Mailing Address 1200 12th St.	Date of Disbursement 10 / 27 / 2010
	City Seattle State WA Zip Code 98055	Amount of Each Disbursement this Period 261.00
	Purpose of Disbursement Admin Office Supplies	Category/Type
	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) .....	<b>650.31</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)

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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) Carol Ambrose</p> <p>Mailing Address 1430 NW 75th St</p> <p>City Miami State FL Zip Code 33147-6442</p> <p>Purpose of Disbursement Per Diem</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> D341135 <b>Date of Disbursement</b> 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Keith Ambrose</p> <p>Mailing Address 1430 NW 75th St</p> <p>City Miami State FL Zip Code 33147</p> <p>Purpose of Disbursement Per Diem</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> D341134 <b>Date of Disbursement</b> 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) John Amdor</p> <p>Mailing Address 230 South 84th Street</p> <p>City Omaha State NE Zip Code 68114</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D341060 <b>Date of Disbursement</b> 11 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 59.11</p>

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

219.11

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

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

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

FOR LINE NUMBER:  
(check only one)

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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) AMERIPAC The Fund for A Greater America Mailing Address 499 S. CAPITOL ST. S.W. #414 -- City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D342919 Date of Disbursement 10 / 16 / 2010
	Amount of Each Disbursement this Period 31.00 * In-Kind Received

<b>B.</b> Full Name (Last, First, Middle Initial) AMERIPAC The Fund for A Greater America Mailing Address 499 S. CAPITOL ST. S.W. #414 -- City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D333166 Date of Disbursement 10 / 21 / 2010
	Amount of Each Disbursement this Period 445.50 * In-Kind Received

<b>C.</b> Full Name (Last, First, Middle Initial) AMERIPAC The Fund for A Greater America Mailing Address 499 S. CAPITOL ST. S.W. #414 -- City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D333167 Date of Disbursement 10 / 21 / 2010
	Amount of Each Disbursement this Period 333.33 * In-Kind Received

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

**809.83**

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

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

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

FOR LINE NUMBER:  
(check only one)

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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) Da'Quandra Anderson</p> <p>Mailing Address 214 S Bronough St</p> <p>City Tallahassee State FL Zip Code 32301-1705</p> <p>Purpose of Disbursement Per Diem</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> D344345 <b>Date of Disbursement</b> 11 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jennifer Anderson</p> <p>Mailing Address 254 NW 29th Ave</p> <p>City Fort Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D344787 <b>Date of Disbursement</b> 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 600.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Maureen Anderson</p> <p>Mailing Address 8100 SW 8th St</p> <p>City North Lauderdale State FL Zip Code 33068-2029</p> <p>Purpose of Disbursement Per Diem</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> D343716 <b>Date of Disbursement</b> 10 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 400.00</p>

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

1080.00

**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) Maureen Anderson	Transaction ID: D343717 Date of Disbursement																			
	Mailing Address 8100 SW 8th St	<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>0</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	8		2	0	1	0												
	City North Lauderdale State FL Zip Code 33068-2029	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Per Diem	<table border="1"><tr><td>40.00</td></tr></table>	40.00																		
40.00																					
	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.	Full Name (Last, First, Middle Initial) Maureen Anderson	Transaction ID: D343718 Date of Disbursement																			
	Mailing Address 8100 SW 8th St	<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>0</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	8		2	0	1	0												
	City North Lauderdale State FL Zip Code 33068-2029	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Per Diem	<table border="1"><tr><td>40.00</td></tr></table>	40.00																		
40.00																					
	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) Ramone Anderson	Transaction ID: D339547 Date of Disbursement																			
	Mailing Address 2764 Tess Circle	<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>0</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	0		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		3	0		2	0	1	0												
	City Tallahassee State FL Zip Code 32304	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Salary	<table border="1"><tr><td>156.99</td></tr></table>	156.99																		
156.99																					
	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>236.99</td></tr></table>	236.99
236.99		
<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) Shanquila Anderson	Transaction ID: D342027 Date of Disbursement 10 / 27 / 2010
	Mailing Address 13942 NE 2nd Ave	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33161-2876	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Shanquila Anderson	Transaction ID: D342028 Date of Disbursement 10 / 28 / 2010
	Mailing Address 13942 NE 2nd Ave	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33161-2876	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Shanquila Anderson	Transaction ID: D342029 Date of Disbursement 10 / 29 / 2010
	Mailing Address 13942 NE 2nd Ave	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33161-2876	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	240.00
<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) Shanquila Anderson	Transaction ID: D342030 Date of Disbursement 10 / 30 / 2010
	Mailing Address 13942 NE 2nd Ave	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33161-2876	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Shanquila Anderson	Transaction ID: D342031 Date of Disbursement 10 / 31 / 2010
	Mailing Address 13942 NE 2nd Ave	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33161-2876	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Shanquila Anderson	Transaction ID: D342032 Date of Disbursement 11 / 01 / 2010
	Mailing Address 13942 NE 2nd Ave	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33161-2876	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	240.00
<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) Shanquila Anderson	Transaction ID: D342033 Date of Disbursement 11 / 02 / 2010
	Mailing Address 13942 NE 2nd Ave	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33161-2876	
	Purpose of Disbursement Per Diem	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) Shanquila Anderson	Transaction ID: D342034 Date of Disbursement 10 / 27 / 2010
	Mailing Address 13942 NE 2nd Ave	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33161-2876	
	Purpose of Disbursement Per Diem	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) Gaston Araoz	Transaction ID: D339527 Date of Disbursement 10 / 30 / 2010
	Mailing Address 1505 Crystal Dr Apt 504	Amount of Each Disbursement this Period 996.56
	City Arlington State VA Zip Code 22202-4117	
	Purpose of Disbursement Salary	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) .....	1156.56
<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) Gabrielle Ann Arcangeli	Transaction ID: D339305 Date of Disbursement 10 / 15 / 2010
	Mailing Address 1845 Bellevue Way Apt A 201	Amount of Each Disbursement this Period 1360.11
	City Tallahassee State FL Zip Code 32304-4163	
	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) Gabrielle Ann Arcangeli	Transaction ID: D339597 Date of Disbursement 10 / 30 / 2010
	Mailing Address 1845 Bellevue Way Apt A 201	Amount of Each Disbursement this Period 1360.10
	City Tallahassee State FL Zip Code 32304-4163	
	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) Scott Arceneaux	Transaction ID: D339594 Date of Disbursement 10 / 30 / 2010
	Mailing Address 1544 Lorimier Road	Amount of Each Disbursement this Period 4440.81
	City Jacksonville State FL Zip Code 32207	
	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) .....	7161.02
<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) Scott Arceneaux <hr/> Mailing Address 1544 Lorimier Road <hr/> City Jacksonville State FL Zip Code 32207 <hr/> Purpose of Disbursement Salary Candidate Name <span style="float: right;">Category/Type</span> <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: D339298 Date of Disbursement 10 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 4232.09
B.	Full Name (Last, First, Middle Initial) Hewitte Archer <hr/> Mailing Address 621 NW Zavr <hr/> City Deerfield Beach State FL Zip Code 33441 <hr/> Purpose of Disbursement Per Diem Candidate Name <span style="float: right;">Category/Type</span> <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: D343719 Date of Disbursement 10 / 18 / 2010 <hr/> Amount of Each Disbursement this Period 400.00
C.	Full Name (Last, First, Middle Initial) Hewitte Archer <hr/> Mailing Address 621 NW Zavr <hr/> City Deerfield Beach State FL Zip Code 33441 <hr/> Purpose of Disbursement Per Diem Candidate Name <span style="float: right;">Category/Type</span> <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: D343721 Date of Disbursement 10 / 18 / 2010 <hr/> Amount of Each Disbursement this Period 40.00

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

4672.09

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

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

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

FOR LINE NUMBER: (check only one)

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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) Hewitte Archer	Transaction ID: D344346 Date of Disbursement 10 / 27 / 2010
	Mailing Address 621 NW Zavr	Amount of Each Disbursement this Period 80.00
	City State Zip Code Deerfield Beach FL 33441	
	Purpose of Disbursement Per Diem	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) Ronald Archey	Transaction ID: D339489 Date of Disbursement 10 / 30 / 2010
	Mailing Address 333 Carmen Rocio Way	Amount of Each Disbursement this Period 73.88
	City State Zip Code Tallahassee FL 32305	
	Purpose of Disbursement Salary	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) Ronald Archey	Transaction ID: D340605 Date of Disbursement 11 / 02 / 2010
	Mailing Address 333 Carmen Rocio Way	Amount of Each Disbursement this Period 35.00
	City State Zip Code Tallahassee FL 32305	
	Purpose of Disbursement Salary	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) .....	▶	188.88
<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) Spencer Ardley	Transaction ID: D340559 Date of Disbursement 11 / 02 / 2010
	Mailing Address 1322 Gibbs Drive	Amount of Each Disbursement this Period 75.00
	City Tallahassee State FL Zip Code 32303	
	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) Spencer Ardley	Transaction ID: D339293 Date of Disbursement 10 / 26 / 2010
	Mailing Address 1322 Gibbs Drive	Amount of Each Disbursement this Period 70.00
	City Tallahassee State FL Zip Code 32303	
	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) Adrian Arnillas	Transaction ID: D339580 Date of Disbursement 10 / 30 / 2010
	Mailing Address 9899 NW 33rd Street	Amount of Each Disbursement this Period 443.94
	City Pompano Beach State FL Zip Code 33065	
	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) ..... ▶

**588.94**

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

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

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

FOR LINE NUMBER: (check only one)

<input 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) Thais Arsolino <hr/> Mailing Address 2910 SW 22 Circle #E1 <hr/> City Delray Beach State FL Zip Code 33445 <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: D340160 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 1 0
	Amount of Each Disbursement this Period 509.38
	Category/Type
	Category/Type
<b>B.</b> Full Name (Last, First, Middle Initial) Jovan Augustave <hr/> Mailing Address 5540 SW 19th St <hr/> City West Park State FL Zip Code 33023-3171 <hr/> Purpose of Disbursement Per Diem 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: D344348 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 80.00
	Category/Type
	Category/Type
<b>C.</b> Full Name (Last, First, Middle Initial) Anthony Avant <hr/> Mailing Address 1050 NW 58 St <hr/> City Miami State FL Zip Code 33147 <hr/> Purpose of Disbursement Per Diem 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: D342302 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 40.00
	Category/Type
	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	629.38
<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) Avis Rent A Car - Corporate</p> <p>Mailing Address 6 Sylvan Way</p> <p>City Parsippany State NJ Zip Code 07054</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D341225 <b>Date of Disbursement</b> 11 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 942.67</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Avis Rent A Car - Corporate</p> <p>Mailing Address 6 Sylvan Way</p> <p>City Parsippany State NJ Zip Code 07054</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D341227 <b>Date of Disbursement</b> 11 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 3848.63</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Avis Rent A Car - Corporate</p> <p>Mailing Address 6 Sylvan Way</p> <p>City Parsippany State NJ Zip Code 07054</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D341244 <b>Date of Disbursement</b> 11 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 16.75</p>

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

4808.05

**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 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) Avis Rent A Car - Corporate</p> <p>Mailing Address 6 Sylvan Way</p> <p>City Parsippany State NJ Zip Code 07054</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D341245</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5.75"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Avis Rent A Car - Corporate</p> <p>Mailing Address 6 Sylvan Way</p> <p>City Parsippany State NJ Zip Code 07054</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D340179</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1890.93"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Avis Rent A Car - Corporate</p> <p>Mailing Address 6 Sylvan Way</p> <p>City Parsippany State NJ Zip Code 07054</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D338524</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3538.19"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="5434.87"/></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></p> <p>Full Name (Last, First, Middle Initial) Alan Awad</p> <p>Mailing Address 13612 Avalon Heights Blvd., Apt 20</p> <p>City Tampa State FL Zip Code 33613</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D339383</p> <p>Date of Disbursement 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1037.55</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Alan Awad</p> <p>Mailing Address 13612 Avalon Heights Blvd., Apt 20</p> <p>City Tampa State FL Zip Code 33613</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D339605</p> <p>Date of Disbursement 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1037.56</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Alan Awad</p> <p>Mailing Address 13612 Avalon Heights Blvd., Apt 20</p> <p>City Tampa State FL Zip Code 33613</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D338445</p> <p>Date of Disbursement 10 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2140.11
<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) Alan Awad	Transaction ID: D340264 Date of Disbursement 11 / 08 / 2010
	Mailing Address 13612 Avalon Heights Blvd., Apt 20	Amount of Each Disbursement this Period 384.08
	City Tampa State FL Zip Code 33613	
	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) B&K Solutions	Transaction ID: D341094 Date of Disbursement 11 / 15 / 2010
	Mailing Address PMB125 5764 North Orange Blossom Trail	Amount of Each Disbursement this Period 55.58
	City Orlando State FL Zip Code 32810	
	Purpose of Disbursement Admin Lease/Rent Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) B&K Solutions	Transaction ID: D338547 Date of Disbursement 10 / 26 / 2010
	Mailing Address PMB125 5764 North Orange Blossom Trail	Amount of Each Disbursement this Period 100.00
	City Orlando State FL Zip Code 32810	
	Purpose of Disbursement Admin Lease/Rent Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	539.66
<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) Chad Bacon</p> <p>Mailing Address 1710 NW 3rd Ave #2</p> <p>City Fort Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D340150</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="771.88"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Rishi Bagga</p> <p>Mailing Address 3619 Deveraux Ct</p> <p>City Orlando State FL Zip Code 32837</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D332228</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="65.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Rishi Bagga</p> <p>Mailing Address 3619 Deveraux Ct</p> <p>City Orlando State FL Zip Code 32837</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D340353</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="627.65"/></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

A.	Full Name (Last, First, Middle Initial) Rishi Bagga	Transaction ID: D339733 Date of Disbursement 10 / 30 / 2010
	Mailing Address 3619 Deveraux Ct	
	City Orlando State FL Zip Code 32837	Amount of Each Disbursement this Period 1715.35
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Rishi Bagga	Transaction ID: D339363 Date of Disbursement 10 / 15 / 2010
	Mailing Address 3619 Deveraux Ct	
	City Orlando State FL Zip Code 32837	Amount of Each Disbursement this Period 1715.35
	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) Arthur Bailey	Transaction ID: D340159 Date of Disbursement 10 / 31 / 2010
	Mailing Address 6470 NW 26th Street	
	City Fort Lauderdale State FL Zip Code 33313	Amount of Each Disbursement this Period 346.88
	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) ..... ▶

3777.58

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

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

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

FOR LINE NUMBER:  
(check only one)

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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) Autumn Bailey	Transaction ID: D344350 Date of Disbursement 10 / 26 / 2010
	Mailing Address 7817 Plantation Blvd	Amount of Each Disbursement this Period 120.00
	City Miramar State FL Zip Code 33023-2451	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Charnae Bailey	Transaction ID: D340232 Date of Disbursement 10 / 31 / 2010
	Mailing Address 2157 NW 68th Ter	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33147-7308	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Charnae Bailey	Transaction ID: D340233 Date of Disbursement 11 / 01 / 2010
	Mailing Address 2157 NW 68th Ter	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33147-7308	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	280.00
<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) Charnaë Bailey</p> <p>Mailing Address 2157 NW 68th Ter</p> <p>City Miami State FL Zip Code 33147-7308</p> <p>Purpose of Disbursement Per Diem</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> D340231</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Henrick Bailey</p> <p>Mailing Address 6470 NW 26th Street</p> <p>City Fort Lauderdale State FL Zip Code 33313</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D340158</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="315.63"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jacquitta Bailey</p> <p>Mailing Address 2157 NW 68th Ter</p> <p>City Miami State FL Zip Code 33147-7308</p> <p>Purpose of Disbursement Per Diem</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> D340228</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="475.63"/>
<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) Jacquitta Bailey</p> <p>Mailing Address 2157 NW 68th Ter</p> <p>City Miami State FL Zip Code 33147-7308</p> <p>Purpose of Disbursement Per Diem</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> D340229</p> <p>Date of Disbursement 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jacquitta Bailey</p> <p>Mailing Address 2157 NW 68th Ter</p> <p>City Miami State FL Zip Code 33147-7308</p> <p>Purpose of Disbursement Per Diem</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> D340230</p> <p>Date of Disbursement 11 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Sadie-Ann Bailey</p> <p>Mailing Address 6470 NW 26th Street</p> <p>City Fort Lauderdale State FL Zip Code 33313</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D340149</p> <p>Date of Disbursement 10 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 315.63</p>

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

475.63

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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) Joseph Baker <hr/> Mailing Address 4835 Beverly Circle <hr/> City Jacksonville State FL Zip Code 32210 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: D340508 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 1 0
	Amount of Each Disbursement this Period 195.00
	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) Precious Baker <hr/> Mailing Address 655 NW 56th St <hr/> City Miami State FL Zip Code 33127-1560 Purpose of Disbursement Per Diem 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: D340447 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 40.00
	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) Precious Baker <hr/> Mailing Address 655 NW 56th St <hr/> City Miami State FL Zip Code 33127-1560 Purpose of Disbursement Per Diem 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: D340448 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 1 0
	Amount of Each Disbursement this Period 80.00
	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) ..... ▶	315.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty)

**SCHEDULE 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) Precious Baker	Transaction ID: D340449 Date of Disbursement 11 / 01 / 2010
	Mailing Address 655 NW 56th St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33127-1560	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Precious Baker	Transaction ID: D340450 Date of Disbursement 11 / 02 / 2010
	Mailing Address 655 NW 56th St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33127-1560	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Rosemary Baker	Transaction ID: D342308 Date of Disbursement 11 / 01 / 2010
	Mailing Address 2921 NW 59th St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33142-2250	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	240.00
<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) Jose Balasquidue</p> <p>Mailing Address 308 Aylesbury Ct. #1</p> <p>City Kissimmee State FL Zip Code 34758</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> D341099</p> <p>Date of Disbursement 11 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 416.65</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jose Balasquidue</p> <p>Mailing Address 308 Aylesbury Ct. #1</p> <p>City Kissimmee State FL Zip Code 34758</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> D340392</p> <p>Date of Disbursement 11 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 384.78</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jose Balasquidue</p> <p>Mailing Address 308 Aylesbury Ct. #1</p> <p>City Kissimmee State FL Zip Code 34758</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> D339742</p> <p>Date of Disbursement 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1154.37</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1955.80
<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) Jose Balasquidue</p> <p>Mailing Address 308 Aylesbury Ct. #1</p> <p>City Kissimmee State FL Zip Code 34758</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D338474 <b>Date of Disbursement</b> 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Lonnise Baldwin</p> <p>Mailing Address 1731 NW 5th Ave</p> <p>City Pompano Beach State FL Zip Code 33060</p> <p>Purpose of Disbursement Per Diem</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> D343726 <b>Date of Disbursement</b> 10 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Lonnise Baldwin</p> <p>Mailing Address 1731 NW 5th Ave</p> <p>City Pompano Beach State FL Zip Code 33060</p> <p>Purpose of Disbursement Per Diem</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> D343729 <b>Date of Disbursement</b> 10 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>

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

145.00

**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) Lonnise Baldwin	Transaction ID: D343732 Date of Disbursement 10 / 18 / 2010
	Mailing Address 1731 NW 5th Ave	Amount of Each Disbursement this Period 40.00
	City Pompano Beach State FL Zip Code 33060	
	Purpose of Disbursement Per Diem	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) Lonnise Baldwin	Transaction ID: D343734 Date of Disbursement 10 / 18 / 2010
	Mailing Address 1731 NW 5th Ave	Amount of Each Disbursement this Period 40.00
	City Pompano Beach State FL Zip Code 33060	
	Purpose of Disbursement Per Diem	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) Lonnise Baldwin	Transaction ID: D343723 Date of Disbursement 10 / 19 / 2010
	Mailing Address 1731 NW 5th Ave	Amount of Each Disbursement this Period 480.00
	City Pompano Beach State FL Zip Code 33060	
	Purpose of Disbursement Per Diem	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) .....	560.00
<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) Lonnise Baldwin	Transaction ID: D343724 Date of Disbursement 10 / 16 / 2010
	Mailing Address 1731 NW 5th Ave	Amount of Each Disbursement this Period 40.00
	City Pompano Beach State FL Zip Code 33060	
	Purpose of Disbursement Per Diem	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) Ashley Ball	Transaction ID: D339512 Date of Disbursement 10 / 30 / 2010
	Mailing Address 822 E 15th Ave	Amount of Each Disbursement this Period 1802.98
	City New Smyrna Beach State FL Zip Code 32169-3404	
	Purpose of Disbursement Salary	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) Ashley Ball	Transaction ID: D341257 Date of Disbursement 11 / 15 / 2010
	Mailing Address 822 E 15th Ave	Amount of Each Disbursement this Period 1802.98
	City New Smyrna Beach State FL Zip Code 32169-3404	
	Purpose of Disbursement Salary	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

3645.96

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

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

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

FOR LINE NUMBER:  
(check only one)

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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) Steven Balog</p> <hr/> <p>Mailing Address 13413 Thomasville Circle</p> <hr/> <p>City Tampa State FL Zip Code 33617</p> <hr/> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D340265</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <hr/> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="384.78"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Steven Balog</p> <hr/> <p>Mailing Address 13413 Thomasville Circle</p> <hr/> <p>City Tampa State FL Zip Code 33617</p> <hr/> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D338447</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <hr/> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="65.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Steven Balog</p> <hr/> <p>Mailing Address 13413 Thomasville Circle</p> <hr/> <p>City Tampa State FL Zip Code 33617</p> <hr/> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D339606</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <hr/> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="1118.34"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1568.12"/>
<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) Steven Balog	Transaction ID: D339385 Date of Disbursement
	Mailing Address 13413 Thomasville Circle	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Tampa State FL Zip Code 33617	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary	<input type="text" value="1118.33"/>
	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) Yvonne Bandoo	Transaction ID: D340856 Date of Disbursement
	Mailing Address 1220 NE 210th Ter	<input type="text" value="10"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Miami State FL Zip Code 33179-2029	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="80.00"/>
	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) Yvonne Bandoo	Transaction ID: D340857 Date of Disbursement
	Mailing Address 1220 NE 210th Ter	<input type="text" value="10"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Miami State FL Zip Code 33179-2029	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="80.00"/>
	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="1278.33"/>
<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)

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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) Yvonne Bandoo</p> <p>Mailing Address 1220 NE 210th Ter</p> <p>City Miami State FL Zip Code 33179-2029</p> <p>Purpose of Disbursement Per Diem</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> D340858</p> <p>Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Yvonne Bandoo</p> <p>Mailing Address 1220 NE 210th Ter</p> <p>City Miami State FL Zip Code 33179-2029</p> <p>Purpose of Disbursement Per Diem</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> D340859</p> <p>Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 10.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Barry Banks</p> <p>Mailing Address 352 NW 11th St Apt 10</p> <p>City Miami State FL Zip Code 33136-2530</p> <p>Purpose of Disbursement Per Diem</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> D342309</p> <p>Date of Disbursement 10 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>

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

130.00

**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) Barry Banks	Transaction ID: D342310 Date of Disbursement 10 / 23 / 2010
	Mailing Address 352 NW 11th St Apt 10	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33136-2530	
	Purpose of Disbursement Per Diem	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Barry Banks	Transaction ID: D342311 Date of Disbursement 10 / 25 / 2010
	Mailing Address 352 NW 11th St Apt 10	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33136-2530	
	Purpose of Disbursement Per Diem	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Barry Banks	Transaction ID: D342312 Date of Disbursement 10 / 25 / 2010
	Mailing Address 352 NW 11th St Apt 10	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33136-2530	
	Purpose of Disbursement Per Diem	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	▶	120.00
<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) Lucas P Barks	Transaction ID: D339528 Date of Disbursement 10 / 30 / 2010
	Mailing Address 71 Gray Road	Amount of Each Disbursement this Period 996.56
	City Gorham State ME Zip Code 04038	
	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) Jason Barnaby	Transaction ID: D339620 Date of Disbursement 10 / 30 / 2010
	Mailing Address 815 McBean Ct	Amount of Each Disbursement this Period 1447.48
	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) ▼

C.	Full Name (Last, First, Middle Initial) Jason Barnaby	Transaction ID: D338444 Date of Disbursement 10 / 21 / 2010
	Mailing Address 815 McBean Ct	Amount of Each Disbursement this Period 65.00
	City McDonough State GA Zip Code 30252	
	Purpose of Disbursement Phone Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2509.04
<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) Jason Barnaby	Transaction ID: D339399 Date of Disbursement 10 / 15 / 2010
	Mailing Address 815 McBean Ct	Amount of Each Disbursement this Period 1447.47
	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.	Full Name (Last, First, Middle Initial) Jason Barnaby	Transaction ID: D340278 Date of Disbursement 11 / 08 / 2010
	Mailing Address 815 McBean Ct	Amount of Each Disbursement this Period 536.78
	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) ▼

C.	Full Name (Last, First, Middle Initial) Francis Barnes	Transaction ID: D344354 Date of Disbursement 10 / 31 / 2010
	Mailing Address 1017 Buchanan St	Amount of Each Disbursement this Period 120.00
	City Hollywood State FL Zip Code 33019-1106	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) ..... ▶

2104.25

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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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) Marquita Barnes	Transaction ID: D340889 Date of Disbursement 11 / 02 / 2010
	Mailing Address 1200 Saint Charles PI Apt 704	Amount of Each Disbursement this Period 40.00
	City State Zip Code Pembroke Pines FL 33026-3333	
	Purpose of Disbursement Per Diem	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) Jessica L. Barnett	Transaction ID: D339330 Date of Disbursement 10 / 15 / 2010
	Mailing Address 214 South Bronough Street	Amount of Each Disbursement this Period 605.38
	City State Zip Code Tallahassee FL 32301	
	Purpose of Disbursement Salary	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) Jessica Barrett	Transaction ID: D339748 Date of Disbursement 10 / 30 / 2010
	Mailing Address 217 Palm Ave, Apt B	Amount of Each Disbursement this Period 1060.72
	City State Zip Code Auburndale FL 32823	
	Purpose of Disbursement Salary	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) .....	1706.10
<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

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) Jessica Barrett	Transaction ID: D338475 Date of Disbursement 10 / 25 / 2010
	Mailing Address 217 Palm Ave, Apt B	Amount of Each Disbursement this Period 65.00
	City Auburndale State FL Zip Code 32823	
	Purpose of Disbursement Phone Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Jessica Barrett	Transaction ID: D340418 Date of Disbursement 11 / 08 / 2010
	Mailing Address 217 Palm Ave, Apt B	Amount of Each Disbursement this Period 384.79
	City Auburndale State FL Zip Code 32823	
	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) Aleasa Basden	Transaction ID: D343739 Date of Disbursement 10 / 18 / 2010
	Mailing Address 1017 Buchanan St.	Amount of Each Disbursement this Period 40.00
	City Hollywood State FL Zip Code 33019	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	▶	489.79
<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></p> <p>Full Name (Last, First, Middle Initial) Boris Bastidas</p> <p>Mailing Address 1880 Florida Atlantic Blvd. Box 24</p> <p>City Boca Raton State FL Zip Code 33431</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> D339495 <b>Date of Disbursement</b> 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 248.19</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Alex Batista</p> <p>Mailing Address 10705 NW 64th Court</p> <p>City Pompano Beach State FL Zip Code 33076</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D340164 <b>Date of Disbursement</b> 10 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 262.50</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Laura Batista</p> <p>Mailing Address 10705 NW 64th Ct</p> <p>City Pompano Beach State FL Zip Code 33076</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D340161 <b>Date of Disbursement</b> 10 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 462.50</p>

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

973.19

**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) Jubal Battle</p> <p>Mailing Address 6612 NW 78th St.</p> <p>City Fort Lauderdale State FL Zip Code 33321</p> <p>Purpose of Disbursement per diem</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> D343746</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Robin Batts</p> <p>Mailing Address 2421 Jackson Bluff Rd, Apt 611C</p> <p>City Tallahassee State FL Zip Code 32304</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D340601</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="510.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Robin Batts</p> <p>Mailing Address 2421 Jackson Bluff Rd, Apt 611C</p> <p>City Tallahassee State FL Zip Code 32304</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D339544</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="221.64"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="811.64"/></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

A.	Full Name (Last, First, Middle Initial) Gregory Beach	Transaction ID: D340194 Date of Disbursement 11 / 03 / 2010
	Mailing Address 2360 Justin Road	Amount of Each Disbursement this Period 455.00
	City Jacksonville State FL Zip Code 32210	
	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) Marissa Beadshaw	Transaction ID: D344355 Date of Disbursement 10 / 26 / 2010
	Mailing Address 1017 Buchanan St	Amount of Each Disbursement this Period 40.00
	City Hollywood State FL Zip Code 33019-1106	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Barbara Beavney	Transaction ID: D340214 Date of Disbursement 11 / 01 / 2010
	Mailing Address 1685 NW 129th St	Amount of Each Disbursement this Period 80.00
	City North Miami State FL Zip Code 33167-2243	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	575.00
<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) Barbara Beavney	Transaction ID: D340215 Date of Disbursement 11 / 02 / 2010
	Mailing Address 1685 NW 129th St	Amount of Each Disbursement this Period 80.00
	City North Miami State FL Zip Code 33167-2243	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Barbara Beavney	Transaction ID: D340216 Date of Disbursement 10 / 27 / 2010
	Mailing Address 1685 NW 129th St	Amount of Each Disbursement this Period 80.00
	City North Miami State FL Zip Code 33167-2243	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Barbara Beavney	Transaction ID: D340217 Date of Disbursement 10 / 28 / 2010
	Mailing Address 1685 NW 129th St	Amount of Each Disbursement this Period 80.00
	City North Miami State FL Zip Code 33167-2243	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	240.00
<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) Barbara Beavney	Transaction ID: D340218 Date of Disbursement 10 / 29 / 2010
	Mailing Address 1685 NW 129th St	Amount of Each Disbursement this Period 80.00
	City North Miami State FL Zip Code 33167-2243	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Barbara Beavney	Transaction ID: D340219 Date of Disbursement 10 / 30 / 2010
	Mailing Address 1685 NW 129th St	Amount of Each Disbursement this Period 80.00
	City North Miami State FL Zip Code 33167-2243	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Barbara Beavney	Transaction ID: D340220 Date of Disbursement 10 / 31 / 2010
	Mailing Address 1685 NW 129th St	Amount of Each Disbursement this Period 80.00
	City North Miami State FL Zip Code 33167-2243	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	240.00
<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) Ezra Beckford	Transaction ID: D343748 Date of Disbursement 10 / 19 / 2010
	Mailing Address 3115 Oakland Shores Dr Apt 210	Amount of Each Disbursement this Period 600.00
	City Fort Lauderdale State FL Zip Code 33309	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Donell Bell	Transaction ID: D344356 Date of Disbursement 11 / 01 / 2010
	Mailing Address 1017 Buchanan St	Amount of Each Disbursement this Period 160.00
	City Hollywood State FL Zip Code 33019-1106	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kevin Bell	Transaction ID: D343750 Date of Disbursement 11 / 02 / 2010
	Mailing Address 1607 NW 13th Street	Amount of Each Disbursement this Period 760.00
	City Fort Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	1520.00
<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></p> <p>Full Name (Last, First, Middle Initial) Kevin Bell</p> <p>Mailing Address 1607 NW 13th Street</p> <p>City Fort Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D343751</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Kevin Bell</p> <p>Mailing Address 1607 NW 13th Street</p> <p>City Fort Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D343752</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Shantalyse Bell</p> <p>Mailing Address 1017 Buchanan St</p> <p>City Hollywood State FL Zip Code 33019-1106</p> <p>Purpose of Disbursement Per Diem</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> D343753</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="160.00"/></p>

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

**240.00**

**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) Natasha Bellamy	Transaction ID: D340961 Date of Disbursement 11 / 02 / 2010
	Mailing Address 1373 NW 64th St	Amount of Each Disbursement this Period 20.00
	City Miami State FL Zip Code 33147-8051	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Natasha Bellamy	Transaction ID: D340962 Date of Disbursement 11 / 02 / 2010
	Mailing Address 1373 NW 64th St	Amount of Each Disbursement this Period 20.00
	City Miami State FL Zip Code 33147-8051	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Amanda Benefield	Transaction ID: D344529 Date of Disbursement 11 / 02 / 2010
	Mailing Address 910 Carolina Ave	Amount of Each Disbursement this Period 640.00
	City Fort Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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>680.00</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)

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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) Chameka Bennett	Transaction ID: D340412 Date of Disbursement 10 / 23 / 2010
	Mailing Address 8151 NW 13th Ct	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33147-5263	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Chameka Bennett	Transaction ID: D340413 Date of Disbursement 10 / 24 / 2010
	Mailing Address 8151 NW 13th Ct	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33147-5263	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Chameka Bennett	Transaction ID: D340414 Date of Disbursement 11 / 02 / 2010
	Mailing Address 8151 NW 13th Ct	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33147-5263	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	▶	120.00
<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

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) Chameka Bennett	Transaction ID: D340415 Date of Disbursement 11 / 02 / 2010
	Mailing Address 8151 NW 13th Ct	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33147-5263	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Frank Bennett	Transaction ID: D343755 Date of Disbursement 10 / 19 / 2010
	Mailing Address 331 NE 48th Street	Amount of Each Disbursement this Period 440.00
	City Pompano Beach State FL Zip Code 33064	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Jessica Bennett	Transaction ID: D340428 Date of Disbursement 10 / 23 / 2010
	Mailing Address 8151 NW 13th Ct	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33147-5263	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	520.00
<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) Jessica Bennett</p> <p>Mailing Address 8151 NW 13th Ct</p> <p>City Miami State FL Zip Code 33147-5263</p> <p>Purpose of Disbursement Per Diem</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> D340430</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jessica Bennett</p> <p>Mailing Address 8151 NW 13th Ct</p> <p>City Miami State FL Zip Code 33147-5263</p> <p>Purpose of Disbursement Per Diem</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> D340431</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jessica Bennett</p> <p>Mailing Address 8151 NW 13th Ct</p> <p>City Miami State FL Zip Code 33147-5263</p> <p>Purpose of Disbursement Per Diem</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> D340433</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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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) Leviticus Bennett	Transaction ID: D344357 Date of Disbursement 10 / 27 / 2010
	Mailing Address 5281 SW 21st St	Amount of Each Disbursement this Period 480.00
	City West Park State FL Zip Code 33023-3109	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Lorie Bennett	Transaction ID: D340407 Date of Disbursement 10 / 23 / 2010
	Mailing Address 8151 NW 13th Ct	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33147-5263	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Lorie Bennett	Transaction ID: D340408 Date of Disbursement 10 / 24 / 2010
	Mailing Address 8151 NW 13th Ct	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33147-5263	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	560.00
<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) Lorie Bennett	Transaction ID: D340409 Date of Disbursement 10 / 24 / 2010
	Mailing Address 8151 NW 13th Ct	
	City Miami State FL Zip Code 33147-5263	Amount of Each Disbursement this Period 40.00
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Lorie Bennett	Transaction ID: D340410 Date of Disbursement 11 / 02 / 2010
	Mailing Address 8151 NW 13th Ct	
	City Miami State FL Zip Code 33147-5263	Amount of Each Disbursement this Period 40.00
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Lorie Bennett	Transaction ID: D340411 Date of Disbursement 11 / 02 / 2010
	Mailing Address 8151 NW 13th Ct	
	City Miami State FL Zip Code 33147-5263	Amount of Each Disbursement this Period 40.00
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	▶	120.00
<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) Lorie Bennett	Transaction ID: D340405 Date of Disbursement 10 / 23 / 2010
	Mailing Address 8151 NW 13th Ct	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33147-5263	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Joseph Berline	Transaction ID: D342362 Date of Disbursement 10 / 24 / 2010
	Mailing Address 16237 N Miami Ave	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33169-6540	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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 Berline	Transaction ID: D342364 Date of Disbursement 10 / 25 / 2010
	Mailing Address 16237 N Miami Ave	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33169-6540	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) ..... ▶

120.00

**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) Joseph Berline</p> <p>Mailing Address 16237 N Miami Ave</p> <p>City Miami State FL Zip Code 33169-6540</p> <p>Purpose of Disbursement Per Diem</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> D342365 <b>Date of Disbursement</b> 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Pablo Best</p> <p>Mailing Address 623 N. Federal Highway</p> <p>City Pompano Beach State FL Zip Code 33060</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D339496 <b>Date of Disbursement</b> 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1037.56</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Pablo Best</p> <p>Mailing Address 623 N. Federal Highway</p> <p>City Pompano Beach State FL Zip Code 33060</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D341254 <b>Date of Disbursement</b> 11 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1037.55</p>

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

2115.11

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

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

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

FOR LINE NUMBER: (check only one)

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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) Tonie Bissanintte	Transaction ID: D340389 Date of Disbursement 10 / 23 / 2010
	Mailing Address 2150 NE 169th St Apt 312	Amount of Each Disbursement this Period 40.00
	City North Miami Beach State FL Zip Code 33162-3380	
	Purpose of Disbursement Per Diem	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) Tonie Bissanintte	Transaction ID: D340390 Date of Disbursement 11 / 02 / 2010
	Mailing Address 2150 NE 169th St Apt 312	Amount of Each Disbursement this Period 80.00
	City North Miami Beach State FL Zip Code 33162-3380	
	Purpose of Disbursement Per Diem	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) Teresa Black	Transaction ID: D343756 Date of Disbursement 10 / 16 / 2010
	Mailing Address 410 NE 31s Street	Amount of Each Disbursement this Period 40.00
	City Pompano Beach State FL Zip Code 33064	
	Purpose of Disbursement Per Diem	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) .....	▶	160.00
<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) Teresa Black	Transaction ID: D343760 Date of Disbursement 10 / 16 / 2010
	Mailing Address 410 NE 31s Street	Amount of Each Disbursement this Period 40.00
	City Pompano Beach State FL Zip Code 33064	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Teresa Black	Transaction ID: D343761 Date of Disbursement 10 / 18 / 2010
	Mailing Address 410 NE 31s Street	Amount of Each Disbursement this Period 40.00
	City Pompano Beach State FL Zip Code 33064	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Teresa Black	Transaction ID: D343762 Date of Disbursement 10 / 30 / 2010
	Mailing Address 410 NE 31s Street	Amount of Each Disbursement this Period 400.00
	City Pompano Beach State FL Zip Code 33064	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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>480.00</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)

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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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Gary Blake</p> <p>Mailing Address 1017 Buchanan St</p> <p>City Hollywood State FL Zip Code 33019-1106</p> <p>Purpose of Disbursement Per Diem</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> D343763</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Trayvone Blake</p> <p>Mailing Address 268 NW 73rd Terrace</p> <p>City Miami State FL Zip Code 33150</p> <p>Purpose of Disbursement Per Diem</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> D343764</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ashley Bliss</p> <p>Mailing Address 1916 Calvert St, NW Apt 3</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D339989</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="455.00"/></p>

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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) Blue Cross and Blue Shield of Florida</p> <p>Mailing Address P.O. Box 2210</p> <p>City Jacksonville State FL Zip Code 32232-5005</p> <p>Purpose of Disbursement Benefits</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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> D340482 <b>Date of Disbursement</b> 11 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 10907.04</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Blue Cross and Blue Shield of Florida</p> <p>Mailing Address P.O. Box 2210</p> <p>City Jacksonville State FL Zip Code 32232-5005</p> <p>Purpose of Disbursement Benefits</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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> D340485 <b>Date of Disbursement</b> 11 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 10636.73</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Penny Blumberg</p> <p>Mailing Address 180 NE 51st St</p> <p>City Wilton Manors State FL Zip Code 33334-1613</p> <p>Purpose of Disbursement Per Diem</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> D343765 <b>Date of Disbursement</b> 10 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>

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

21583.77

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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) Penny Blumberg</p> <p>Mailing Address 180 NE 51st St</p> <p>City Wilton Manors State FL Zip Code 33334-1613</p> <p>Purpose of Disbursement Per Diem</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> D343766</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="520.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Christopher Bolling</p> <p>Mailing Address 214 S Bronough St</p> <p>City Tallahassee State FL Zip Code 32301-1705</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D339326</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1792.56"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Christopher Bolling</p> <p>Mailing Address 214 S Bronough St</p> <p>City Tallahassee State FL Zip Code 32301-1705</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D339747</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1540.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3852.56"/>
<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) Christopher Bolling</p> <p>Mailing Address 214 S Bronough St</p> <p>City Tallahassee State FL Zip Code 32301-1705</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D340417</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="571.10"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Christopher Bolling</p> <p>Mailing Address 214 S Bronough St</p> <p>City Tallahassee State FL Zip Code 32301-1705</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D338472</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="65.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) John Bonamy</p> <p>Mailing Address 12920 NW 20th Ave</p> <p>City Miami State FL Zip Code 33167-1412</p> <p>Purpose of Disbursement Per Diem</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> D340704</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="716.10"/>
<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) John Bonamy</p> <p>Mailing Address 12920 NW 20th Ave</p> <p>City Miami State FL Zip Code 33167-1412</p> <p>Purpose of Disbursement Per Diem</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> D340705</p> <p>Date of Disbursement 10 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) John Bonamy</p> <p>Mailing Address 12920 NW 20th Ave</p> <p>City Miami State FL Zip Code 33167-1412</p> <p>Purpose of Disbursement Per Diem</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> D340706</p> <p>Date of Disbursement 10 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) John Bonamy</p> <p>Mailing Address 12920 NW 20th Ave</p> <p>City Miami State FL Zip Code 33167-1412</p> <p>Purpose of Disbursement Per Diem</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> D340708</p> <p>Date of Disbursement 11 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>

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

240.00

**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  
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(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) John Bonamy</p> <p>Mailing Address 12920 NW 20th Ave</p> <p>City Miami State FL Zip Code 33167-1412</p> <p>Purpose of Disbursement Per Diem</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> D340709</p> <p>Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) John Bonamy</p> <p>Mailing Address 12920 NW 20th Ave</p> <p>City Miami State FL Zip Code 33167-1412</p> <p>Purpose of Disbursement Per Diem</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> D340710</p> <p>Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Aliya Bonar</p> <p>Mailing Address 702 Lakeshore Drive</p> <p>City Delray Beach State FL Zip Code 33444</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D340152</p> <p>Date of Disbursement 10 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 187.50</p>

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

347.50

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

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

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

FOR LINE NUMBER: (check only one)

<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) Elayne Bonner <hr/> Mailing Address 2964 Dowing Street <hr/> City Jacksonville State FL Zip Code 32205 <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: D339988 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 1 0
	Amount of Each Disbursement this Period 455.00
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Ernest Bonny <hr/> Mailing Address 8150 NW 13th Ave <hr/> City Miami State FL Zip Code 33147-5264 <hr/> Purpose of Disbursement Per Diem 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: D341502 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 80.00
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Ernest Bonny <hr/> Mailing Address 8150 NW 13th Ave <hr/> City Miami State FL Zip Code 33147-5264 <hr/> Purpose of Disbursement Per Diem 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: D341503 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 1 0
	Amount of Each Disbursement this Period 80.00
	Category/ Type
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	615.00
<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) Ernest Bonny	Transaction ID: D341504 Date of Disbursement 11 / 01 / 2010
	Mailing Address 8150 NW 13th Ave	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33147-5264	
	Purpose of Disbursement Per Diem	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) Ernest Bonny	Transaction ID: D341505 Date of Disbursement 11 / 02 / 2010
	Mailing Address 8150 NW 13th Ave	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33147-5264	
	Purpose of Disbursement Per Diem	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) Craig Borkon	Transaction ID: D339349 Date of Disbursement 10 / 15 / 2010
	Mailing Address 8571 Brody Way ---	Amount of Each Disbursement this Period 1960.94
	City Boca Raton State FL Zip Code 33433	
	Purpose of Disbursement Salary	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) .....	2120.94
<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) Craig Borkon	Transaction ID: D343618 Date of Disbursement 10 / 15 / 2010
	Mailing Address 8571 Brody Way --- City Boca Raton State FL Zip Code 33433 Purpose of Disbursement Auto Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 100.00

B.	Full Name (Last, First, Middle Initial) Craig Borkon	Transaction ID: D340307 Date of Disbursement 11 / 08 / 2010
	Mailing Address 8571 Brody Way --- City Boca Raton State FL Zip Code 33433 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) ▼	Amount of Each Disbursement this Period 738.42

C.	Full Name (Last, First, Middle Initial) Craig Borkon	Transaction ID: D332223 Date of Disbursement 10 / 15 / 2010
	Mailing Address 8571 Brody Way --- City Boca Raton State FL Zip Code 33433 Purpose of Disbursement Phone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 65.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	903.42
<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) Craig Borkon	Transaction ID: D339664
	Mailing Address 8571 Brody Way ---	Date of Disbursement 10 / 30 / 2010
	City Boca Raton State FL Zip Code 33433	Amount of Each Disbursement this Period 1960.94
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Eric Bornstein	Transaction ID: D340283
	Mailing Address 12 Bellevue Ave	Date of Disbursement 11 / 08 / 2010
	City Dobbs Ferry State NY Zip Code 10522	Amount of Each Disbursement this Period 536.78
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Eric Bornstein	Transaction ID: D332237
	Mailing Address 12 Bellevue Ave	Date of Disbursement 10 / 15 / 2010
	City Dobbs Ferry State NY Zip Code 10522	Amount of Each Disbursement this Period 65.00
	Purpose of Disbursement Phone Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

2562.72

**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)

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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) Eric Bornstein	Transaction ID: D339634 Date of Disbursement 10 / 30 / 2010
	Mailing Address 12 Bellevue Ave	Amount of Each Disbursement this Period 1556.84
	City Dobbs Ferry State NY Zip Code 10522	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Eric Bornstein	Transaction ID: D339318 Date of Disbursement 10 / 15 / 2010
	Mailing Address 12 Bellevue Ave	Amount of Each Disbursement this Period 1556.85
	City Dobbs Ferry State NY Zip Code 10522	
	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) Jose Bosque	Transaction ID: D339523 Date of Disbursement 10 / 30 / 2010
	Mailing Address 2314 Twilight Drive	Amount of Each Disbursement this Period 565.72
	City Orlando State FL Zip Code 32825	
	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) .....	3679.41
<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

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) Jose Bosque</p> <p>Mailing Address 2314 Twilight Drive</p> <p>City Orlando State FL Zip Code 32825</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> D332216 <b>Date of Disbursement</b> 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 436.24</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jose Bosque</p> <p>Mailing Address 2314 Twilight Drive</p> <p>City Orlando State FL Zip Code 32825</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> D333711 <b>Date of Disbursement</b> 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 536.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jose Bosque</p> <p>Mailing Address 2314 Twilight Drive</p> <p>City Orlando State FL Zip Code 32825</p> <p>Purpose of Disbursement Per Diem 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> D333712 <b>Date of Disbursement</b> 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 264.00</p>

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

1236.24

**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></p> <p>Full Name (Last, First, Middle Initial) Joshua Bosque</p> <p>Mailing Address 6547 Hiddenwalk Dr. Apt A</p> <p>City Winter Park State FL Zip Code 32792</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D339583</p> <p>Date of Disbursement 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 689.48</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Joshua Bosque</p> <p>Mailing Address 6547 Hiddenwalk Dr. Apt A</p> <p>City Winter Park State FL Zip Code 32792</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D333701</p> <p>Date of Disbursement 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 321.60</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Joshua Bosque</p> <p>Mailing Address 6547 Hiddenwalk Dr. Apt A</p> <p>City Winter Park State FL Zip Code 32792</p> <p>Purpose of Disbursement Per Diem</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> D333702</p> <p>Date of Disbursement 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 158.40</p>

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

1169.48

**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) Kaven Boston	Transaction ID: D341162 Date of Disbursement 11 / 01 / 2010
	Mailing Address 18925 NW 42nd PI	Amount of Each Disbursement this Period 80.00
	City Miami Gardens State FL Zip Code 33055-2711	
	Purpose of Disbursement Per Diem	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) Kaven Boston	Transaction ID: D341163 Date of Disbursement 11 / 02 / 2010
	Mailing Address 18925 NW 42nd PI	Amount of Each Disbursement this Period 80.00
	City Miami Gardens State FL Zip Code 33055-2711	
	Purpose of Disbursement Per Diem	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) Kaven Boston	Transaction ID: D341160 Date of Disbursement 10 / 30 / 2010
	Mailing Address 18925 NW 42nd PI	Amount of Each Disbursement this Period 80.00
	City Miami Gardens State FL Zip Code 33055-2711	
	Purpose of Disbursement Per Diem	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) .....	240.00
<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) Kaven Boston</p> <p>Mailing Address 18925 NW 42nd Pl</p> <p>City Miami Gardens State FL Zip Code 33055-2711</p> <p>Purpose of Disbursement Per Diem</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> D341161</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) David Boyd</p> <p>Mailing Address 4867 Ashville Hwy</p> <p>City Monticello State FL Zip Code 32344</p> <p>Purpose of Disbursement Consulting/Field</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> D345189</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Rodney Boykins</p> <p>Mailing Address 2132 NW 44th St</p> <p>City Miami State FL Zip Code 33142-4717</p> <p>Purpose of Disbursement Per Diem</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> D340967</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="2660.00"/></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

A.	Full Name (Last, First, Middle Initial) Rodney Boykins	Transaction ID: D340968 Date of Disbursement 11 / 01 / 2010
	Mailing Address 2132 NW 44th St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33142-4717	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Rodney Boykins	Transaction ID: D340969 Date of Disbursement 11 / 02 / 2010
	Mailing Address 2132 NW 44th St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33142-4717	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Ophelia Brady	Transaction ID: D344358 Date of Disbursement 10 / 23 / 2010
	Mailing Address 1017 Buchanan St	Amount of Each Disbursement this Period 40.00
	City Hollywood State FL Zip Code 33019-1106	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	200.00
<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) Jeffrey E Branch</p> <p>Mailing Address 3700 Capital Circle SE Apt 520</p> <p>City Tallahassee State FL Zip Code 32311</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> D339631 <b>Date of Disbursement</b> 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1624.19</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jeffrey E Branch</p> <p>Mailing Address 3700 Capital Circle SE Apt 520</p> <p>City Tallahassee State FL Zip Code 32311</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> D339315 <b>Date of Disbursement</b> 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1624.19</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jeffrey E Branch</p> <p>Mailing Address 3700 Capital Circle SE Apt 520</p> <p>City Tallahassee State FL Zip Code 32311</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> D340281 <b>Date of Disbursement</b> 11 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 605.41</p>

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

3853.79

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

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

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

FOR LINE NUMBER: (check only one)

<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) Clinton Brayboy	Transaction ID: D344364 Date of Disbursement 11 / 01 / 2010
	Mailing Address 415 NW 210th St Apt 101	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33169-2140	
	Purpose of Disbursement Per Diem	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) Siobhan Brewer	Transaction ID: D339916 Date of Disbursement 11 / 03 / 2010
	Mailing Address P.O. Box 8257	Amount of Each Disbursement this Period 1500.00
	City Minneapolis State MN Zip Code 55408	
	Purpose of Disbursement Salary	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) Samuel Brice	Transaction ID: D343767 Date of Disbursement 10 / 25 / 2010
	Mailing Address 525 NW 7th Terrace P.O. Box 9905	Amount of Each Disbursement this Period 320.00
	City Fort Lauderdale State FL Zip Code 33310	
	Purpose of Disbursement Per Diem	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>1860.00</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)

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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) Daniel Bridges</p> <p>Mailing Address 410 Victory Garden, Apt 33</p> <p>City Tallahassee State FL Zip Code 32301</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D339554</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="378.25"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Daniel Bridges</p> <p>Mailing Address 410 Victory Garden, Apt 33</p> <p>City Tallahassee State FL Zip Code 32301</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D340598</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="200.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Marquis Bridgewater</p> <p>Mailing Address 1512 NW 46th St</p> <p>City Miami State FL Zip Code 33142-4148</p> <p>Purpose of Disbursement Per Diem</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> D340434</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="658.25"/>
<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) Marquis Bridgewater	Transaction ID: D340435 Date of Disbursement 11 / 01 / 2010
	Mailing Address 1512 NW 46th St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33142-4148	
	Purpose of Disbursement Per Diem	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) Marquis Bridgewater	Transaction ID: D340436 Date of Disbursement 11 / 02 / 2010
	Mailing Address 1512 NW 46th St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33142-4148	
	Purpose of Disbursement Per Diem	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) Brighthouse Networks	Transaction ID: D341233 Date of Disbursement 11 / 03 / 2010
	Mailing Address P.O. Box 31337 10305 NW 41st St., Ste 201	Amount of Each Disbursement this Period 180.40
	City Tampa State FL Zip Code 33631	
	Purpose of Disbursement Admin Internet	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>340.40</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)

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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) Brighthouse Networks	Transaction ID: D340915 Date of Disbursement
	Mailing Address P.O. Box 31337 10305 NW 41st St.,Ste 201	<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City Tampa State FL Zip Code 33631	Amount of Each Disbursement this Period
	Purpose of Disbursement Admin Internet	<input type="text" value="74.95"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Brighthouse Networks	Transaction ID: D332247 Date of Disbursement
	Mailing Address P.O. Box 31337 10305 NW 41st St.,Ste 201	<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City Tampa State FL Zip Code 33631	Amount of Each Disbursement this Period
	Purpose of Disbursement Admin Internet	<input type="text" value="74.95"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Brighthouse Networks	Transaction ID: D338762 Date of Disbursement
	Mailing Address P.O. Box 31337 10305 NW 41st St.,Ste 201	<input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City Tampa State FL Zip Code 33631	Amount of Each Disbursement this Period
	Purpose of Disbursement Admin Internet	<input type="text" value="84.95"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) ..... ▶

**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) Brilliant Corners</p> <p>Mailing Address 1001 G St NW Ste 500E</p> <p>City Washington State DC Zip Code 20001-4541</p> <p>Purpose of Disbursement Consulting/Political</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><b>Transaction ID:</b> D334395</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3352.54"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Sindrea Brissett</p> <p>Mailing Address 931 SW 69th Ave</p> <p>City Pompano Beach State FL Zip Code 33068</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D339572</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="138.52"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) William Brookley</p> <p>Mailing Address 1768 16th Avenue, North</p> <p>City Lake Worth State FL Zip Code 33460</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D339566</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="998.88"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4489.94"/>
<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) Anthony Brown</p> <p>Mailing Address 2250 NW 43rd St</p> <p>City Miami State FL Zip Code 33142-4628</p> <p>Purpose of Disbursement Per Diem</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> D340423</p> <p>Date of Disbursement 10 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Anthony Brown</p> <p>Mailing Address 2250 NW 43rd St</p> <p>City Miami State FL Zip Code 33142-4628</p> <p>Purpose of Disbursement Per Diem</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> D340424</p> <p>Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Clifford Brown</p> <p>Mailing Address 2250 NW 43 St</p> <p>City Miami State FL Zip Code 33142</p> <p>Purpose of Disbursement Per Diem</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> D340425</p> <p>Date of Disbursement 10 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 20.00</p>

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

140.00

**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) Clifford Brown	Transaction ID: D340426 Date of Disbursement 10 / 23 / 2010
	Mailing Address 2250 NW 43 St	Amount of Each Disbursement this Period 20.00
	City Miami State FL Zip Code 33142	
	Purpose of Disbursement Per Diem	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) Clifford Brown	Transaction ID: D340427 Date of Disbursement 11 / 02 / 2010
	Mailing Address 2250 NW 43 St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33142	
	Purpose of Disbursement Per Diem	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) Geneva Brown	Transaction ID: D342313 Date of Disbursement 10 / 30 / 2010
	Mailing Address 2250 NW 43 St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33142	
	Purpose of Disbursement Per Diem	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

180.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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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) Geneva Brown	Transaction ID: D342314 Date of Disbursement 10 / 23 / 2010
	Mailing Address 2250 NW 43 St	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33142	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Geneva Brown	Transaction ID: D342315 Date of Disbursement 10 / 23 / 2010
	Mailing Address 2250 NW 43 St	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33142	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Larry Brown	Transaction ID: D343768 Date of Disbursement 11 / 01 / 2010
	Mailing Address 3310 NE 14th Terrace	Amount of Each Disbursement this Period 80.00
	City Pompano Beach State FL Zip Code 33064	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	▶	160.00
<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) Leonard Brown	Transaction ID: D340511 Date of Disbursement 11 / 03 / 2010
	Mailing Address 3501 Townsend Blvd. #276	Amount of Each Disbursement this Period 455.00
	City Jacksonville State FL Zip Code 32277	
	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) Phillip Brown	Transaction ID: D340190 Date of Disbursement 11 / 03 / 2010
	Mailing Address P.O. Box 12562	Amount of Each Disbursement this Period 455.00
	City Jacksonville State FL Zip Code 32204	
	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) Tenisha Brown	Transaction ID: D340421 Date of Disbursement 10 / 23 / 2010
	Mailing Address 2250 NW 43rd St	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33142-4628	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	950.00
<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></p> <p>Full Name (Last, First, Middle Initial) Tenisha Brown</p> <p>Mailing Address 2250 NW 43rd St</p> <p>City Miami State FL Zip Code 33142-4628</p> <p>Purpose of Disbursement Per Diem</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> D340422</p> <p>Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Wilma Brown</p> <p>Mailing Address 3817 Bennett Road</p> <p>City Screven State GA Zip Code 31560</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D332232</p> <p>Date of Disbursement 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Wilma Brown</p> <p>Mailing Address 3817 Bennett Road</p> <p>City Screven State GA Zip Code 31560</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D340287</p> <p>Date of Disbursement 11 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 368.64</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>513.64</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)

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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) Wilma Brown	Transaction ID: D339640 Date of Disbursement 10 / 30 / 2010
	Mailing Address 3817 Bennett Road	Amount of Each Disbursement this Period 1014.39
	City Screven State GA Zip Code 31560	
	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) Wilma Brown	Transaction ID: D339321 Date of Disbursement 10 / 15 / 2010
	Mailing Address 3817 Bennett Road	Amount of Each Disbursement this Period 1014.40
	City Screven State GA Zip Code 31560	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) David Browne	Transaction ID: D339319 Date of Disbursement 10 / 15 / 2010
	Mailing Address 417 S. Paloma Place	Amount of Each Disbursement this Period 1960.94
	City Tampa State FL Zip Code 33609	
	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) .....	<b>3989.73</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)

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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) David Browne <hr/> Mailing Address 417 S. Paloma Place <hr/> City Tampa State FL Zip Code 33609 <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: D341266 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1383.02
	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) David Browne <hr/> Mailing Address 417 S. Paloma Place <hr/> City Tampa State FL Zip Code 33609 <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: D339638 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 1960.94
	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) David Browne <hr/> Mailing Address 417 S. Paloma Place <hr/> City Tampa State FL Zip Code 33609 <hr/> Purpose of Disbursement Phone Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D332239 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 65.00
	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

3408.96

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

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

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

FOR LINE NUMBER:  
(check only one)

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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) David Browne</p> <p>Mailing Address 417 S. Paloma Place</p> <p>City Tampa State FL Zip Code 33609</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D340286</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="738.42"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) John Bryant</p> <p>Mailing Address 410 NE 31st Street</p> <p>City Pompano Beach State FL Zip Code 33064</p> <p>Purpose of Disbursement Per Diem</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> D343769</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="360.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) John Bryant</p> <p>Mailing Address 410 NE 31st Street</p> <p>City Pompano Beach State FL Zip Code 33064</p> <p>Purpose of Disbursement Per Diem</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> D343770</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1138.42"/>
<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) John Bryant	Transaction ID: D343772 Date of Disbursement 10 / 18 / 2010
	Mailing Address 410 NE 31st Street	Amount of Each Disbursement this Period 40.00
	City Pompano Beach State FL Zip Code 33064	
	Purpose of Disbursement Per Diem	
	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) Erica Buckins	Transaction ID: D340145 Date of Disbursement 10 / 31 / 2010
	Mailing Address 11035 NW 29th St #201	Amount of Each Disbursement this Period 762.50
	City Fort Lauderdale State FL Zip Code 33351	
	Purpose of Disbursement Salary	
	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) Jordan J Budd	Transaction ID: D339516 Date of Disbursement 10 / 30 / 2010
	Mailing Address 128 Century Dr	Amount of Each Disbursement this Period 1207.77
	City Easley State SC Zip Code 29642	
	Purpose of Disbursement Salary	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	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) .....	2010.27
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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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) Jordan J Budd	Transaction ID: D341262 Date of Disbursement 11 / 15 / 2010
	Mailing Address 128 Century Dr	Amount of Each Disbursement this Period 1207.77
	City Easley State SC Zip Code 29642	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) John Budget	Transaction ID: D343775 Date of Disbursement 10 / 17 / 2010
	Mailing Address 14929 Wildwood Lily Court	Amount of Each Disbursement this Period 40.00
	City Orlando State FL Zip Code 32824	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Michael Budwah	Transaction ID: D340144 Date of Disbursement 10 / 31 / 2010
	Mailing Address 4155 NW 90th Ave, Apt 106	Amount of Each Disbursement this Period 300.00
	City Pompano Beach State FL Zip Code 33065	
	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) .....	1547.77
<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) Bureau of Child Support</p> <p>Mailing Address P.O. Box 247</p> <p>City Charleston State WV Zip Code 25321</p> <p>Purpose of Disbursement Payroll 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> D340523</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="278.45"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jose Burgos</p> <p>Mailing Address 6547 Hidden Walk Drive</p> <p>City Winter Park State FL Zip Code 32792</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D339208</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="640.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Montavious Bush</p> <p>Mailing Address 16 Richardson Dr</p> <p>City Havana State FL Zip Code 32333</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D339262</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="355.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1273.45"/>
<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 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) Montavious Bush</p> <p>Mailing Address 16 Richardson Dr</p> <p>City Havana State FL Zip Code 32333</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> D340565 <b>Date of Disbursement</b> 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 400.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Cephas Butler</p> <p>Mailing Address 701 Dora Dr</p> <p>City Orange Park State FL Zip Code 32073</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> D340507 <b>Date of Disbursement</b> 11 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 455.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Labrina Butler</p> <p>Mailing Address 1721 Anniston Road #924</p> <p>City Jacksonville State FL Zip Code 32246</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> D339990 <b>Date of Disbursement</b> 11 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 390.00</p>

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

1245.00

**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) Buying Time, Inc	Transaction ID: D339281 Date of Disbursement
	Mailing Address 3413 1/2 M St NW	<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20007-3516	Amount of Each Disbursement this Period
	Purpose of Disbursement Media	<input type="text" value="65000.00"/>
	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) Clifton Byles	Transaction ID: D341456 Date of Disbursement
	Mailing Address 2595 NW 165th St	<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City Opa Locka State FL Zip Code 33054-6509	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="80.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Clifton Byles	Transaction ID: D341457 Date of Disbursement
	Mailing Address 2595 NW 165th St	<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Opa Locka State FL Zip Code 33054-6509	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="80.00"/>
	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="65160.00"/>
<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

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) Clifton Byles</p> <p>Mailing Address 2595 NW 165th St</p> <p>City Opa Locka State FL Zip Code 33054-6509</p> <p>Purpose of Disbursement Per Diem</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> D341455</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Kareem Bynum</p> <p>Mailing Address 5455 Wilmington Cir</p> <p>City Lakeland State FL Zip Code 33813-2781</p> <p>Purpose of Disbursement Per Diem</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> D344366</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jeanne Calix</p> <p>Mailing Address 144 NE 117 St.</p> <p>City Miami State FL Zip Code 33161</p> <p>Purpose of Disbursement Per Diem</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> D341016</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>

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

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

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

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

FOR LINE NUMBER: (check only one)

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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) Jeanne Calix	Transaction ID: D341017
	Mailing Address 144 NE 117 St.	Date of Disbursement MM / DD / YYYY 11 / 02 / 2010
	City Miami State FL Zip Code 33161	Amount of Each Disbursement this Period 40.00
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Jeanne Calix	Transaction ID: D341018
	Mailing Address 144 NE 117 St.	Date of Disbursement MM / DD / YYYY 11 / 02 / 2010
	City Miami State FL Zip Code 33161	Amount of Each Disbursement this Period 40.00
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) April Callins	Transaction ID: D343779
	Mailing Address 7000 Rampart Way	Date of Disbursement MM / DD / YYYY 10 / 20 / 2010
	City Pensacola State FL Zip Code 32505	Amount of Each Disbursement this Period 400.00
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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>480.00</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)

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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) Bobby Callins</p> <p>Mailing Address 3720 NW Street</p> <p>City Fort Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D343780</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) April Callis</p> <p>Mailing Address 7000 Rampart Way</p> <p>City Pensacola State FL Zip Code 32505</p> <p>Purpose of Disbursement Per Diem</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> D343781</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Todra Calloway</p> <p>Mailing Address 4844 NW 24th Court, Apt 234</p> <p>City Fort Lauderdale State FL Zip Code 33313</p> <p>Purpose of Disbursement Per Diem</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> D343782</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="200.00"/></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

A.	Full Name (Last, First, Middle Initial) Eddie Campbell	Transaction ID: D343783 Date of Disbursement 10 / 16 / 2010
	Mailing Address 2820 NW 18th Court	Amount of Each Disbursement this Period 40.00
	City Fort Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem	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) Eddie Campbell	Transaction ID: D343784 Date of Disbursement 10 / 17 / 2010
	Mailing Address 2820 NW 18th Court	Amount of Each Disbursement this Period 40.00
	City Fort Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem	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) Giancarlo Candia	Transaction ID: D340146 Date of Disbursement 10 / 31 / 2010
	Mailing Address 7771 Blairwood Circle North	Amount of Each Disbursement this Period 737.50
	City Lake Worth State FL Zip Code 33467	
	Purpose of Disbursement Salary	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>817.50</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)

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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) Lumar Capita</p> <p>Mailing Address 5501 Blue Jack Oak Circle</p> <p>City Fort Lauderdale State FL Zip Code 33319</p> <p>Purpose of Disbursement Per Diem</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> D343785</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="240.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Oscar Cardenas</p> <p>Mailing Address 4108 Lake Tahoe Circle</p> <p>City West Palm Beach State FL Zip Code 33409</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D340147</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Carribbean Vibes, Inc.</p> <p>Mailing Address 4251 NW 24th Street</p> <p>City Fort Lauderdale State FL Zip Code 33313</p> <p>Purpose of Disbursement Media</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D338618</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="6000.00"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="6290.00"/></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

A.	Full Name (Last, First, Middle Initial) Elieth Carrillo	Transaction ID: D339505 Date of Disbursement 10 / 30 / 2010
	Mailing Address 9273 SW 8th St. #315	Amount of Each Disbursement this Period 357.86
	City Boca Raton State FL Zip Code 33428	
	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) Bernard Cenatis	Transaction ID: D343786 Date of Disbursement 10 / 20 / 2010
	Mailing Address 76 Ann Lee Lane	Amount of Each Disbursement this Period 600.00
	City Fort Lauderdale State FL Zip Code 33319	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Kemonia Chambers	Transaction ID: D343787 Date of Disbursement 10 / 30 / 2010
	Mailing Address 4211 NW 41 Street	Amount of Each Disbursement this Period 80.00
	City Fort Lauderdale State FL Zip Code 33319	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	▶	1037.86
<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) Kevin Chambliss</p> <p>Mailing Address 746 N Annie Glidden Rd Apt 404</p> <p>City Dekalb State IL Zip Code 60115-2130</p> <p>Purpose of Disbursement Salary</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> D339529</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1019.74"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Herman Charles</p> <p>Mailing Address 5725 Blue Berry Court #123</p> <p>City Fort Lauderdale State FL Zip Code 33313</p> <p>Purpose of Disbursement Per Diem</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> D343788</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Shadyra Charles</p> <p>Mailing Address 3470 NW 32nd Court</p> <p>City Fort Lauderdale State FL Zip Code 33309</p> <p>Purpose of Disbursement Per Diem</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> D343789</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="120.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1179.74"/>
<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) Checkmate Consulting	Transaction ID: D341176 Date of Disbursement
	Mailing Address 3509 Connecticut Ave. NW #1075	<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20008	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail	<input type="text" value="13766.86"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Marvel Chrispen	Transaction ID: D343790 Date of Disbursement
	Mailing Address 4211 NW 41st Street Apt 310	<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Fort Lauderdale State FL Zip Code 33319	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="520.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Marvel Chrispen	Transaction ID: D343791 Date of Disbursement
	Mailing Address 4211 NW 41st Street Apt 310	<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City Fort Lauderdale State FL Zip Code 33319	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="40.00"/>
	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="14326.86"/>
<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) Marvel Chrispen	Transaction ID: D343793 Date of Disbursement 10 / 18 / 2010
	Mailing Address 4211 NW 41st Street Apt 310	Amount of Each Disbursement this Period 40.00
	City Fort Lauderdale State FL Zip Code 33319	
	Purpose of Disbursement Per Diem	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) Paul Chrispin	Transaction ID: D343796 Date of Disbursement 11 / 01 / 2010
	Mailing Address 254 NW 29th Ave	Amount of Each Disbursement this Period 160.00
	City Fort Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem	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) Desmond Christian	Transaction ID: D340324 Date of Disbursement 10 / 27 / 2010
	Mailing Address 6723 NW 6th Ct	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33150-4107	
	Purpose of Disbursement Per Diem	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) .....	▶	280.00
<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) Desmond Christian	Transaction ID: D340325 Date of Disbursement 10 / 28 / 2010
	Mailing Address 6723 NW 6th Ct	
	City Miami State FL Zip Code 33150-4107	Amount of Each Disbursement this Period 80.00
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Desmond Christian	Transaction ID: D340326 Date of Disbursement 10 / 29 / 2010
	Mailing Address 6723 NW 6th Ct	
	City Miami State FL Zip Code 33150-4107	Amount of Each Disbursement this Period 80.00
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Desmond Christian	Transaction ID: D340327 Date of Disbursement 10 / 30 / 2010
	Mailing Address 6723 NW 6th Ct	
	City Miami State FL Zip Code 33150-4107	Amount of Each Disbursement this Period 80.00
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	240.00
<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

<b>A.</b> Full Name (Last, First, Middle Initial) Desmond Christian <hr/> Mailing Address 6723 NW 6th Ct <hr/> City Miami State FL Zip Code 33150-4107 <hr/> Purpose of Disbursement Per Diem 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> D340328 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 1 0
	Amount of Each Disbursement this Period 80.00
	Category/Type
	Category/Type
<b>B.</b> Full Name (Last, First, Middle Initial) Desmond Christian <hr/> Mailing Address 6723 NW 6th Ct <hr/> City Miami State FL Zip Code 33150-4107 <hr/> Purpose of Disbursement Per Diem 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> D340329 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 80.00
	Category/Type
	Category/Type
<b>C.</b> Full Name (Last, First, Middle Initial) Desmond Christian <hr/> Mailing Address 6723 NW 6th Ct <hr/> City Miami State FL Zip Code 33150-4107 <hr/> Purpose of Disbursement Per Diem 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> D340330 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 80.00
	Category/Type
	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	240.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	80.00

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

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

FOR LINE NUMBER: (check only one)

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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) Ms. Mae Renae Christian	Transaction ID: D340202 Date of Disbursement
	Mailing Address 4824 NW 15th Ct	<input type="text" value="10"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Miami State FL Zip Code 33142-4121	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="40.00"/>
	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) Ms. Mae Renae Christian	Transaction ID: D340203 Date of Disbursement
	Mailing Address 4824 NW 15th Ct	<input type="text" value="10"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Miami State FL Zip Code 33142-4121	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="80.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ms. Mae Renae Christian	Transaction ID: D340204 Date of Disbursement
	Mailing Address 4824 NW 15th Ct	<input type="text" value="10"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Miami State FL Zip Code 33142-4121	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="40.00"/>
	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="160.00"/>
<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Ms. Mae Renae Christian</p> <p>Mailing Address 4824 NW 15th Ct</p> <p>City Miami State FL Zip Code 33142-4121</p> <p>Purpose of Disbursement Per Diem</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> D340205 <b>Date of Disbursement</b> 10 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Marvel Christian</p> <p>Mailing Address 6000 NE 22nd Way, Apt 6</p> <p>City Fort Lauderdale State FL Zip Code 33308</p> <p>Purpose of Disbursement Per Diem</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> D343797 <b>Date of Disbursement</b> 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Michael Church</p> <p>Mailing Address 3271 NW 114th Ave</p> <p>City Pompano Beach State FL Zip Code 33076</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D339497 <b>Date of Disbursement</b> 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 673.58</p>

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

**753.58**

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) City of Oviedo</p> <p>Mailing Address 400 Alexandria Blvd.</p> <p>City Oviedo State FL Zip Code 32765</p> <p>Purpose of Disbursement Admin Utilities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D341236</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="55.70"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Robertta Clairvios</p> <p>Mailing Address 4123 NW 19th St.</p> <p>City Fort Lauderdale State FL Zip Code 33313</p> <p>Purpose of Disbursement Per Diem</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> D342316</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Robertta Clairvios</p> <p>Mailing Address 4123 NW 19th St.</p> <p>City Fort Lauderdale State FL Zip Code 33313</p> <p>Purpose of Disbursement Per Diem</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> D342317</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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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) Ogden Frank Clark	Transaction ID: D339491 Date of Disbursement 10 / 30 / 2010
	Mailing Address 3100 NE 49th Street	Amount of Each Disbursement this Period 1771.50
	City Fort Lauderdale State FL Zip Code 33308	
	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) Ogden Frank Clark	Transaction ID: D341250 Date of Disbursement 11 / 15 / 2010
	Mailing Address 3100 NE 49th Street	Amount of Each Disbursement this Period 1771.48
	City Fort Lauderdale State FL Zip Code 33308	
	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) Kaamilya Clarke	Transaction ID: D342301 Date of Disbursement 11 / 02 / 2010
	Mailing Address 435 N Dania Beach Blv Apt D	Amount of Each Disbursement this Period 40.00
	City Dania State FL Zip Code 33004	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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>3582.98</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)

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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) Alexis Claude	Transaction ID: D342303 Date of Disbursement 10 / 23 / 2010
	Mailing Address 821 NW 57th St	
	City Miami State FL Zip Code 33127-1301	Amount of Each Disbursement this Period 40.00
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Alexis Claude	Transaction ID: D342304 Date of Disbursement 10 / 23 / 2010
	Mailing Address 821 NW 57th St	
	City Miami State FL Zip Code 33127-1301	Amount of Each Disbursement this Period 40.00
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Annie Clemons	Transaction ID: D343798 Date of Disbursement 10 / 28 / 2010
	Mailing Address 331 NE 48th Street #127	
	City Pompano Beach State FL Zip Code 33064	Amount of Each Disbursement this Period 240.00
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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>320.00</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)

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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) Rugh Cline	Transaction ID: D339366 Date of Disbursement 10 / 15 / 2010
	Mailing Address 7720 Abbott Ave, Apt 11	Amount of Each Disbursement this Period 1715.35
	City Miami Beach State FL Zip Code 33141	
	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) Rugh Cline	Transaction ID: D340354 Date of Disbursement 11 / 08 / 2010
	Mailing Address 7720 Abbott Ave, Apt 11	Amount of Each Disbursement this Period 627.64
	City Miami Beach State FL Zip Code 33141	
	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) Rugh Cline	Transaction ID: D339734 Date of Disbursement 10 / 30 / 2010
	Mailing Address 7720 Abbott Ave, Apt 11	Amount of Each Disbursement this Period 1715.36
	City Miami Beach State FL Zip Code 33141	
	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) .....	4058.35
<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) Rugh Cline	Transaction ID: D332225 Date of Disbursement 10 / 15 / 2010
	Mailing Address 7720 Abbott Ave, Apt 11	Amount of Each Disbursement this Period 65.00
	City Miami Beach State FL Zip Code 33141	
	Purpose of Disbursement Phone Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Lakinya Cogdel	Transaction ID: D343799 Date of Disbursement 10 / 31 / 2010
	Mailing Address 3031 NW 183rd St	Amount of Each Disbursement this Period 160.00
	City Opa Locka State FL Zip Code 33056	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Jeff Cohen	Transaction ID: D340148 Date of Disbursement 10 / 31 / 2010
	Mailing Address 1015 Spanish River Road	Amount of Each Disbursement this Period 312.50
	City Boca Raton State FL Zip Code 33431	
	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) .....	<b>537.50</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)

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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) Jackie Coleman</p> <p>Mailing Address 82 Canterbury Drive</p> <p>City West Palm Beach State FL Zip Code 33417</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D340156</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="78.13"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Janice Coleman</p> <p>Mailing Address P.O. Box 243671</p> <p>City Boynton Beach State FL Zip Code 33424</p> <p>Purpose of Disbursement Per Diem</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> D343800</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="120.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mike Coleman</p> <p>Mailing Address 531 Silver Ln</p> <p>City Boca Raton State FL Zip Code 33432-2948</p> <p>Purpose of Disbursement Consulting/IT</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> D334403</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="479.00"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="677.13"/></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)

<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) Shakeya Coleman</p> <p>Mailing Address 811 NW 179th St</p> <p>City Miami State FL Zip Code 33169</p> <p>Purpose of Disbursement Per Diem</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> D343801</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="240.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Robert Colley</p> <p>Mailing Address 626 NW 4th Ct 3</p> <p>City Hallandale Beach State FL Zip Code 33009-3245</p> <p>Purpose of Disbursement Per Diem</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> D344376</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Sarah Collins</p> <p>Mailing Address 10972 NW 41st Drive</p> <p>City Pompano Beach State FL Zip Code 33065</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D340154</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="93.75"/></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) Shannon Collins</p> <p>Mailing Address 2505 N Highland Ave</p> <p>City Tampa State FL Zip Code 33602</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> D339935 <b>Date of Disbursement</b> 11 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 390.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Natalie Cooney</p> <p>Mailing Address 1201 NE 77th St</p> <p>City Ocala State FL Zip Code 33479</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> D339964 <b>Date of Disbursement</b> 11 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 585.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Floyd Cornelng</p> <p>Mailing Address 1877 NW 93 Terr</p> <p>City Miami State FL Zip Code 33147</p> <p>Purpose of Disbursement Per Diem 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> D342326 <b>Date of Disbursement</b> 10 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>

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

1015.00

**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) Floyd Cornelning</p> <p>Mailing Address 1877 NW 93 Terr</p> <p>City Miami State FL Zip Code 33147</p> <p>Purpose of Disbursement Per Diem</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> D342327</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Lorraine Cornillie</p> <p>Mailing Address P.O. Box 660297</p> <p>City Orlando State FL Zip Code 32816</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D340535</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="120.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Cameron Covington</p> <p>Mailing Address 2583 SW 157th Ave</p> <p>City Hollywood State FL Zip Code 33027</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D340136</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p>

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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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) Linda Cox	Transaction ID: D344377 Date of Disbursement 10 / 23 / 2010
	Mailing Address 23 NW 10th St	Amount of Each Disbursement this Period 160.00
	City Hallandale Beach State FL Zip Code 33009-2328	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Katricia Crawlatt	Transaction ID: D341430 Date of Disbursement 10 / 27 / 2010
	Mailing Address 775 NW 50th St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33127-2003	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Katricia Crawlatt	Transaction ID: D341431 Date of Disbursement 10 / 28 / 2010
	Mailing Address 775 NW 50th St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33127-2003	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) ..... ▶

320.00

**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) Katricia Crawatt	Transaction ID: D341432 Date of Disbursement 11 / 01 / 2010
	Mailing Address 775 NW 50th St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33127-2003	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Katricia Crawatt	Transaction ID: D341433 Date of Disbursement 11 / 02 / 2010
	Mailing Address 775 NW 50th St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33127-2003	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Katricia Crawatt	Transaction ID: D341434 Date of Disbursement 10 / 26 / 2010
	Mailing Address 775 NW 50th St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33127-2003	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	240.00
<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) Conner Crawford</p> <p>Mailing Address 75 N Woodward Ave</p> <p>City Tallahassee State FL Zip Code 32312</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> D340614 <b>Date of Disbursement</b> 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 105.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Conner Crawford</p> <p>Mailing Address 75 N Woodward Ave</p> <p>City Tallahassee State FL Zip Code 32312</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> D339551 <b>Date of Disbursement</b> 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 133.91</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Henry Crespo</p> <p>Mailing Address 219 NW 14th Ter The Relocation Firm</p> <p>City Miami State FL Zip Code 33136-1817</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> D339665 <b>Date of Disbursement</b> 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1056.68</p>

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

1295.59

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

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

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

FOR LINE NUMBER:  
(check only one)

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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) Henry Crespo	Transaction ID: D340345 Date of Disbursement 11 / 08 / 2010
	Mailing Address 219 NW 14th Ter The Relocation Firm	Amount of Each Disbursement this Period 284.67
	City Miami State FL Zip Code 33136-1817	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Henry Crespo	Transaction ID: D339354 Date of Disbursement 10 / 15 / 2010
	Mailing Address 219 NW 14th Ter The Relocation Firm	Amount of Each Disbursement this Period 1226.90
	City Miami State FL Zip Code 33136-1817	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Louis Cromity	Transaction ID: D341055 Date of Disbursement 11 / 15 / 2010
	Mailing Address 5525 Ahmad Drive	Amount of Each Disbursement this Period 130.00
	City Jacksonville State FL Zip Code 32209	
	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) ..... ▶

1641.57

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

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

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

FOR LINE NUMBER:  
(check only one)

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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) Gregory Cumingham</p> <p>Mailing Address 19101 NW Sunshine State Pkwy East</p> <p>City Miami State FL Zip Code 33169</p> <p>Purpose of Disbursement Per Diem</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> D342280</p> <p>Date of Disbursement 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Gregory Cumingham</p> <p>Mailing Address 19101 NW Sunshine State Pkwy East</p> <p>City Miami State FL Zip Code 33169</p> <p>Purpose of Disbursement Per Diem</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> D342281</p> <p>Date of Disbursement 10 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Gregory Cumingham</p> <p>Mailing Address 19101 NW Sunshine State Pkwy East</p> <p>City Miami State FL Zip Code 33169</p> <p>Purpose of Disbursement Per Diem</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> D342282</p> <p>Date of Disbursement 11 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	240.00
<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) Gregory Cumingham</p> <p>Mailing Address 19101 NW Sunshine State Pkwy East</p> <p>City Miami State FL Zip Code 33169</p> <p>Purpose of Disbursement Per Diem</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> D342283</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Floyd Cunningham</p> <p>Mailing Address P.O. Box 100157</p> <p>City Fort Lauderdale State FL Zip Code 33310</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D340512</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="455.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Lakesha Cunningham</p> <p>Mailing Address 6480 NW 6th Ave apt 2</p> <p>City Miami State FL Zip Code 33150-4385</p> <p>Purpose of Disbursement Per Diem</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> D342318</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="615.00"/></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) Journi Cure</p> <p>Mailing Address 1385 NW 115th St</p> <p>City Miami State FL Zip Code 33167-3207</p> <p>Purpose of Disbursement Per Diem</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> D344380</p> <p>Date of Disbursement 10 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Alexan D.</p> <p>Mailing Address 1270 NW 95th Street</p> <p>City Miami State FL Zip Code 33147</p> <p>Purpose of Disbursement Per Diem</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> D343802</p> <p>Date of Disbursement 10 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Johnathan Daughtrey</p> <p>Mailing Address 757 NW 6th St</p> <p>City Hallandale Beach State FL Zip Code 33009-3207</p> <p>Purpose of Disbursement Per Diem</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> D344384</p> <p>Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 280.00</p>

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

360.00

**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

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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) Terrell Davidson</p> <p>Mailing Address 5785 Castellano Ave</p> <p>City Jacksonville State FL Zip Code 32208</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> D339923 <b>Date of Disbursement</b> 11 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Terrell Davidson</p> <p>Mailing Address 5785 Castellano Ave</p> <p>City Jacksonville State FL Zip Code 32208</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> D341101 <b>Date of Disbursement</b> 11 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 390.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ashley Davies</p> <p>Mailing Address 552 NW 87th Terrace</p> <p>City Pompano Beach State FL Zip Code 33071</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> D339573 <b>Date of Disbursement</b> 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 150.07</p>

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

605.07

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

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

Use separate schedule(s)  
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(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) Ace Davis</p> <p>Mailing Address 1963 W 26th Street</p> <p>City Jacksonville State FL Zip Code 32209</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> D340493 <b>Date of Disbursement</b> 11 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 390.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Danielle Davis</p> <p>Mailing Address 2131 NW 152 Street</p> <p>City Opa Locka State FL Zip Code 33054</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> D339498 <b>Date of Disbursement</b> 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 161.60</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Hubert Davis</p> <p>Mailing Address 2545 NW 162nd St</p> <p>City Opa Locka State FL Zip Code 33054-6543</p> <p>Purpose of Disbursement Per Diem 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> D341479 <b>Date of Disbursement</b> 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>

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

631.60

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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) Hubert Davis	Transaction ID: D341480 Date of Disbursement 10 / 31 / 2010
	Mailing Address 2545 NW 162nd St	Amount of Each Disbursement this Period 80.00
	City Opa Locka State FL Zip Code 33054-6543	
	Purpose of Disbursement Per Diem	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) Hubert Davis	Transaction ID: D341481 Date of Disbursement 11 / 01 / 2010
	Mailing Address 2545 NW 162nd St	Amount of Each Disbursement this Period 80.00
	City Opa Locka State FL Zip Code 33054-6543	
	Purpose of Disbursement Per Diem	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) Hubert Davis	Transaction ID: D341483 Date of Disbursement 11 / 02 / 2010
	Mailing Address 2545 NW 162nd St	Amount of Each Disbursement this Period 80.00
	City Opa Locka State FL Zip Code 33054-6543	
	Purpose of Disbursement Per Diem	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) .....	240.00
<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) Joey Davis</p> <p>Mailing Address 301 W 21st Street</p> <p>City West Palm Beach State FL Zip Code 33404</p> <p>Purpose of Disbursement Per Diem</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> D340966</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Justin Davis</p> <p>Mailing Address 480 Jefferson Drive, Apt 206</p> <p>City Deerfield Beach State FL Zip Code 33442</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D340155</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="93.75"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Raena Davis</p> <p>Mailing Address 712 9th Street SE #3</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D341059</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="89.34"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="223.09"/>
<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) Sammy Davis <hr/> Mailing Address 1360 Sharazad Blvd Apt A18 <hr/> City Opa Locka State FL Zip Code 33054-3472 <hr/> Purpose of Disbursement Per Diem 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: D342319 Date of Disbursement 10 / 31 / 2010	Amount of Each Disbursement this Period 80.00
B.	Full Name (Last, First, Middle Initial) Samuel Davis <hr/> Mailing Address 1996 Wilmington St <hr/> City Opa Locka State FL Zip Code 33054 <hr/> Purpose of Disbursement Per Diem 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: D340556 Date of Disbursement 10 / 31 / 2010	Amount of Each Disbursement this Period 80.00
C.	Full Name (Last, First, Middle Initial) Samuel Davis <hr/> Mailing Address 1996 Wilmington St <hr/> City Opa Locka State FL Zip Code 33054 <hr/> Purpose of Disbursement Per Diem 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: D340557 Date of Disbursement 11 / 02 / 2010	Amount of Each Disbursement this Period 20.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	180.00
<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) Samuel Davis	Transaction ID: D340547 Date of Disbursement 11 / 02 / 2010
	Mailing Address 1996 Wilmington St	Amount of Each Disbursement this Period 80.00
	City Opa Locka State FL Zip Code 33054	
	Purpose of Disbursement Per Diem	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) Samuel Davis	Transaction ID: D340548 Date of Disbursement 10 / 27 / 2010
	Mailing Address 1996 Wilmington St	Amount of Each Disbursement this Period 80.00
	City Opa Locka State FL Zip Code 33054	
	Purpose of Disbursement Per Diem	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) Samuel Davis	Transaction ID: D340550 Date of Disbursement 10 / 28 / 2010
	Mailing Address 1996 Wilmington St	Amount of Each Disbursement this Period 80.00
	City Opa Locka State FL Zip Code 33054	
	Purpose of Disbursement Per Diem	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) .....	240.00
<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) Samuel Davis	Transaction ID: D340552 Date of Disbursement 10 / 29 / 2010
	Mailing Address 1996 Wilmington St	Amount of Each Disbursement this Period 80.00
	City Opa Locka State FL Zip Code 33054	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Samuel Davis	Transaction ID: D340554 Date of Disbursement 10 / 30 / 2010
	Mailing Address 1996 Wilmington St	Amount of Each Disbursement this Period 80.00
	City Opa Locka State FL Zip Code 33054	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Samuel Davis	Transaction ID: D340545 Date of Disbursement 11 / 01 / 2010
	Mailing Address 1996 Wilmington St	Amount of Each Disbursement this Period 80.00
	City Opa Locka State FL Zip Code 33054	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	240.00
<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) Theodore Davis	Transaction ID: D339930 Date of Disbursement 11 / 03 / 2010
	Mailing Address 200 Georgetown Blvd.	Amount of Each Disbursement this Period 585.00
	City Daytona Beach State FL Zip Code 32119	
	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) Wendell Davis	Transaction ID: D340519 Date of Disbursement 11 / 09 / 2010
	Mailing Address 143 Seabrook Road	Amount of Each Disbursement this Period 80.00
	City Monticello State FL Zip Code 32344	
	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) Wendell Davis	Transaction ID: D339259 Date of Disbursement 10 / 26 / 2010
	Mailing Address 143 Seabrook Road	Amount of Each Disbursement this Period 220.00
	City Monticello State FL Zip Code 32344	
	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) .....	▶	885.00
<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) Clifford Davy</p> <p>Mailing Address 5055 Wellington Park Circle, #C18</p> <p>City Orlando State FL Zip Code 32839</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D340266</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="384.78"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Clifford Davy</p> <p>Mailing Address 5055 Wellington Park Circle, #C18</p> <p>City Orlando State FL Zip Code 32839</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D338443</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="65.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Clifford Davy</p> <p>Mailing Address 5055 Wellington Park Circle, #C18</p> <p>City Orlando State FL Zip Code 32839</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D339607</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1154.38"/></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) Clifford Davy</p> <p>Mailing Address 5055 Wellington Park Circle, #C18</p> <p>City Orlando State FL Zip Code 32839</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> D339387 <b>Date of Disbursement</b> 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1154.37</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Vantavian Dawkins</p> <p>Mailing Address 2054 Little Riuer Lane</p> <p>City Tallahassee State FL Zip Code 32311</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> D340609 <b>Date of Disbursement</b> 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 240.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Vantavian Dawkins</p> <p>Mailing Address 2054 Little Riuer Lane</p> <p>City Tallahassee State FL Zip Code 32311</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> D339555 <b>Date of Disbursement</b> 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 330.21</p>

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

1724.58

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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) Ernest De Zavala</p> <p>Mailing Address 740 Meridale Ave</p> <p>City Orlando State FL Zip Code 32803</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> D333703 <b>Date of Disbursement</b> 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 415.40</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ernest De Zavala</p> <p>Mailing Address 740 Meridale Ave</p> <p>City Orlando State FL Zip Code 32803</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> D339520 <b>Date of Disbursement</b> 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 616.38</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ernest De Zavala</p> <p>Mailing Address 740 Meridale Ave</p> <p>City Orlando State FL Zip Code 32803</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> D333704 <b>Date of Disbursement</b> 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 204.60</p>

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

1236.38

**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)

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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) Kathryn DeCarlo	Transaction ID: D341255 Date of Disbursement 11 / 15 / 2010
	Mailing Address 666 Noe St Unit A	Amount of Each Disbursement this Period 1792.57
	City San Francisco State CA Zip Code 94114-2530	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kathryn DeCarlo	Transaction ID: D339510 Date of Disbursement 10 / 30 / 2010
	Mailing Address 666 Noe St Unit A	Amount of Each Disbursement this Period 1792.56
	City San Francisco State CA Zip Code 94114-2530	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) John DeCastro	Transaction ID: D339503 Date of Disbursement 10 / 30 / 2010
	Mailing Address 5200 NE 14th Way Unit 408	Amount of Each Disbursement this Period 375.17
	City Fort Lauderdale State FL Zip Code 33334	
	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) ..... ▶

3960.30

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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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) Hugues Decimus</p> <p>Mailing Address 4801 NW 12th Street</p> <p>City Fort Lauderdale State FL Zip Code 33313</p> <p>Purpose of Disbursement Per Diem</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> D343803</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jean Delbrun</p> <p>Mailing Address 267 NE 57th St</p> <p>City Miami State FL Zip Code 33137-2540</p> <p>Purpose of Disbursement Per Diem</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> D340393</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jean Delbrun</p> <p>Mailing Address 267 NE 57th St</p> <p>City Miami State FL Zip Code 33137-2540</p> <p>Purpose of Disbursement Per Diem</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> D340394</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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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) Claude Delmas	Transaction ID: D340236 Date of Disbursement 11 / 01 / 2010
	Mailing Address 385 NE 159th St	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33162-5007	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Claude Delmas	Transaction ID: D340237 Date of Disbursement 11 / 02 / 2010
	Mailing Address 385 NE 159th St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33162-5007	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Claude Delmas	Transaction ID: D340240 Date of Disbursement 10 / 27 / 2010
	Mailing Address 385 NE 159th St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33162-5007	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	200.00
<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) Claude Delmas</p> <p>Mailing Address 385 NE 159th St</p> <p>City Miami State FL Zip Code 33162-5007</p> <p>Purpose of Disbursement Per Diem</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> D340241</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Claude Delmas</p> <p>Mailing Address 385 NE 159th St</p> <p>City Miami State FL Zip Code 33162-5007</p> <p>Purpose of Disbursement Per Diem</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> D340244</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Democratic National Committee</p> <p>Mailing Address 430 South Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Voter File Access</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> D345233</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3220.00"/></p> <p>* In-Kind Received</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="3340.00"/></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)

<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) Democratic National Committee</p> <p>Mailing Address 430 South Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Voter File Access</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> D345234 <b>Date of Disbursement:</b> 11 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 3220.00</p> <p>* In-Kind Received</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Democratic National Committee</p> <p>Mailing Address 430 South Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Voter File Access</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> D345235 <b>Date of Disbursement:</b> 11 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 3220.00</p> <p>* In-Kind Received</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Democratic National Committee</p> <p>Mailing Address 430 South Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Payroll &amp; Benefits</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> D345236 <b>Date of Disbursement:</b> 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 87521.06</p> <p>* In-Kind Received</p>

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

93961.06

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

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

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

FOR LINE NUMBER:  
(check only one)

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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) Democratic National Committee</p> <p>Mailing Address 430 South Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Phones</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> D345355 <b>Date of Disbursement</b> 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 10200.00</p> <p>* In-Kind Received</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Democratic National Committee</p> <p>Mailing Address 430 South Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D345356 <b>Date of Disbursement</b> 11 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 12740.00</p> <p>* In-Kind Received</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Democratic National Committee</p> <p>Mailing Address 430 South Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 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> D345357 <b>Date of Disbursement</b> 10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 6034.50</p> <p>* In-Kind Received</p>

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

28974.50

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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) Democratic National Committee  Mailing Address 430 South Capitol Street, SE  City Washington State DC Zip Code 20003 Purpose of Disbursement Utilities 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: D345359 Date of Disbursement 10 / 28 / 2010  Amount of Each Disbursement this Period 204.75  * In-Kind Received
B.	Full Name (Last, First, Middle Initial) Tiffany Denmark  Mailing Address 910 Carolina Ave  City Fort Lauderdale State FL Zip Code 33312 Purpose of Disbursement Per Diem 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: D344531 Date of Disbursement 11 / 02 / 2010  Amount of Each Disbursement this Period 640.00
C.	Full Name (Last, First, Middle Initial) Nicholas Denmon  Mailing Address 8300 41st Ave N  City Saint Petersburg State FL Zip Code 33709 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: D339323 Date of Disbursement 10 / 15 / 2010  Amount of Each Disbursement this Period 1486.68

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

2331.43

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

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

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

FOR LINE NUMBER: (check only one)

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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) Nicholas Denmon	Transaction ID: D339642 Date of Disbursement 10 / 30 / 2010
	Mailing Address 8300 41st Ave N	Amount of Each Disbursement this Period 1486.67
	City Saint Petersburg State FL Zip Code 33709	
	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) Nicholas Denmon	Transaction ID: D340288 Date of Disbursement 11 / 08 / 2010
	Mailing Address 8300 41st Ave N	Amount of Each Disbursement this Period 538.72
	City Saint Petersburg State FL Zip Code 33709	
	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) Nicholas Denmon	Transaction ID: D338467 Date of Disbursement 10 / 25 / 2010
	Mailing Address 8300 41st Ave N	Amount of Each Disbursement this Period 65.00
	City Saint Petersburg State FL Zip Code 33709	
	Purpose of Disbursement Phone Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2090.39
<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></p> <p>Full Name (Last, First, Middle Initial) Leo Dennis, II</p> <p>Mailing Address 3111 Woodlawn Road</p> <p>City Jacksonville State FL Zip Code 32209</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D340513</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="325.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Department of Health and Human Services</p> <p>Mailing Address 200 Independence SW, Rm#655G</p> <p>City Washington State DC Zip Code 20201</p> <p>Purpose of Disbursement Event 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> D340188</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="564.11"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Jaynetta Destine</p> <p>Mailing Address 6863 N Miami Ave</p> <p>City Miami State FL Zip Code 33150-4058</p> <p>Purpose of Disbursement Per Diem</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> D342035</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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) Jaynetta Destine</p> <p>Mailing Address 6863 N Miami Ave</p> <p>City Miami State FL Zip Code 33150-4058</p> <p>Purpose of Disbursement Per Diem</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> D342036 <b>Date of Disbursement</b> 10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jaynetta Destine</p> <p>Mailing Address 6863 N Miami Ave</p> <p>City Miami State FL Zip Code 33150-4058</p> <p>Purpose of Disbursement Per Diem</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> D342037 <b>Date of Disbursement</b> 10 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jaynetta Destine</p> <p>Mailing Address 6863 N Miami Ave</p> <p>City Miami State FL Zip Code 33150-4058</p> <p>Purpose of Disbursement Per Diem</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> D342038 <b>Date of Disbursement</b> 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	240.00
<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

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) Jaynetta Destine</p> <p>Mailing Address 6863 N Miami Ave</p> <p>City Miami State FL Zip Code 33150-4058</p> <p>Purpose of Disbursement Per Diem</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> D342039 <b>Date of Disbursement</b> 10 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jaynetta Destine</p> <p>Mailing Address 6863 N Miami Ave</p> <p>City Miami State FL Zip Code 33150-4058</p> <p>Purpose of Disbursement Per Diem</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> D342040 <b>Date of Disbursement</b> 11 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jaynetta Destine</p> <p>Mailing Address 6863 N Miami Ave</p> <p>City Miami State FL Zip Code 33150-4058</p> <p>Purpose of Disbursement Per Diem</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> D342041 <b>Date of Disbursement</b> 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>

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

240.00

**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) Jaynetta Destine</p> <p>Mailing Address 6863 N Miami Ave</p> <p>City Miami State FL Zip Code 33150-4058</p> <p>Purpose of Disbursement Per Diem</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> D342042</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Carl Dickey</p> <p>Mailing Address 2604 SW 54th Street</p> <p>City Fort Lauderdale State FL Zip Code 33312</p> <p>Purpose of Disbursement Per Diem</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> D344789</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="600.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Eddy Dieu</p> <p>Mailing Address 910 NW 141st St</p> <p>City Miami State FL Zip Code 33168-6825</p> <p>Purpose of Disbursement Per Diem</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> D342320</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="720.00"/>
<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) Eddy Dieu	Transaction ID: D342321 Date of Disbursement 10 / 23 / 2010
	Mailing Address 910 NW 141st St	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33168-6825	
	Purpose of Disbursement Per Diem	
	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) Ricardo Dieu	Transaction ID: D342322 Date of Disbursement 10 / 23 / 2010
	Mailing Address 910 NW 14th Ct # 1	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33125-3624	
	Purpose of Disbursement Per Diem	
	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) Ricardo Dieu	Transaction ID: D342323 Date of Disbursement 10 / 23 / 2010
	Mailing Address 910 NW 14th Ct # 1	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33125-3624	
	Purpose of Disbursement Per Diem	
	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) .....	▶	120.00
<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) Ryan DiMaria	Transaction ID: D339229 Date of Disbursement 10 / 26 / 2010
	Mailing Address 10824 Heather Ridge Circle #306	Amount of Each Disbursement this Period 800.00
	City Orlando State FL Zip Code 32817	
	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) Sharlene Ditu	Transaction ID: D340442 Date of Disbursement 10 / 29 / 2010
	Mailing Address 910 NW 141st St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33168-6825	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Sharlene Ditu	Transaction ID: D340443 Date of Disbursement 10 / 31 / 2010
	Mailing Address 910 NW 141st St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33168-6825	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	▶	960.00
<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) Sharlene Ditu	Transaction ID: D340444 Date of Disbursement 11 / 01 / 2010
	Mailing Address 910 NW 141st St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33168-6825	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Sharlene Ditu	Transaction ID: D340445 Date of Disbursement 11 / 02 / 2010
	Mailing Address 910 NW 141st St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33168-6825	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Kimberly Dixon	Transaction ID: D343804 Date of Disbursement 11 / 01 / 2010
	Mailing Address 1517 NW 9th Ave	Amount of Each Disbursement this Period 80.00
	City Fort Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	240.00
<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) Pamela Dixon	Transaction ID: D343805 Date of Disbursement 11 / 02 / 2010
	Mailing Address 1603 SW 18th Street	Amount of Each Disbursement this Period 40.00
	City Boynton Beach State FL Zip Code 33426	
	Purpose of Disbursement Per Diem	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) Tremaine Dixon	Transaction ID: D343806 Date of Disbursement 10 / 26 / 2010
	Mailing Address 3211 NW 18th Place	Amount of Each Disbursement this Period 440.00
	City Fort Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem	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) Sabrina Diz	Transaction ID: D339530 Date of Disbursement 10 / 30 / 2010
	Mailing Address 7180 Park St	Amount of Each Disbursement this Period 973.40
	City Hollywood State FL Zip Code 33024-3838	
	Purpose of Disbursement Salary	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) .....	▶	1453.40
<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) Clarence Dubois	Transaction ID: D339934 Date of Disbursement 11 / 03 / 2010
	Mailing Address 789 Magnolia Way, Apt.102	Amount of Each Disbursement this Period 750.00
	City Atlanta State GA Zip Code 30314	
	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) Abe Dyk	Transaction ID: D341058 Date of Disbursement 11 / 15 / 2010
	Mailing Address 2801 NE 103rd Street Unit 804W	Amount of Each Disbursement this Period 2143.20
	City North Miami Beach State FL Zip Code 33160	
	Purpose of Disbursement Travel 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) Yolanda Edmunds	Transaction ID: D344391 Date of Disbursement 11 / 01 / 2010
	Mailing Address 3545 NE 166th St	Amount of Each Disbursement this Period 560.00
	City North Miami Beach State FL Zip Code 33160-3884	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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>3453.20</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)

PAGE 234 / 761

<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) Dana Edwards	Transaction ID: D341164 Date of Disbursement 10 / 30 / 2010
	Mailing Address 2470 NW 154th St	Amount of Each Disbursement this Period 80.00
	City Opa Locka State FL Zip Code 33054-2745	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Dana Edwards	Transaction ID: D341165 Date of Disbursement 10 / 31 / 2010
	Mailing Address 2470 NW 154th St	Amount of Each Disbursement this Period 80.00
	City Opa Locka State FL Zip Code 33054-2745	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Dana Edwards	Transaction ID: D341166 Date of Disbursement 11 / 01 / 2010
	Mailing Address 2470 NW 154th St	Amount of Each Disbursement this Period 80.00
	City Opa Locka State FL Zip Code 33054-2745	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	240.00
<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) Dana Edwards</p> <p>Mailing Address 2470 NW 154th St</p> <p>City Opa Locka State FL Zip Code 33054-2745</p> <p>Purpose of Disbursement Per Diem</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> D341167</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Michael Edwards</p> <p>Mailing Address 809 Apache Street</p> <p>City Tallahassee State FL Zip Code 32301</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D340619</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="395.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Michael Edwards</p> <p>Mailing Address 809 Apache Street</p> <p>City Tallahassee State FL Zip Code 32301</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D339545</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="300.14"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="775.14"/></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) Richard Edwards</p> <p>Mailing Address 9273 Cove Point Circle</p> <p>City Boynton Beach State FL Zip Code 33472</p> <p>Purpose of Disbursement Per Diem</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> D343807</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="160.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Alan Ehrlich</p> <p>Mailing Address 9411 NW 10th St</p> <p>City Plantation State FL Zip Code 33322-4801</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D340183</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="325.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Elavon Merchant Services</p> <p>Mailing Address 1 Concourse Pkwy NE Ste 300</p> <p>City Atlanta State GA Zip Code 30328-5346</p> <p>Purpose of Disbursement Merchant Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D346151</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1790.38"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="2275.38"/></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

A.	Full Name (Last, First, Middle Initial) Shirley Elizagarate	Transaction ID: D341468 Date of Disbursement 10 / 29 / 2010
	Mailing Address 20829 NW 24th Ct	Amount of Each Disbursement this Period 80.00
	City Miami Gardens State FL Zip Code 33056-5203	
	Purpose of Disbursement Per Diem	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) Shirley Elizagarate	Transaction ID: D341469 Date of Disbursement 10 / 30 / 2010
	Mailing Address 20829 NW 24th Ct	Amount of Each Disbursement this Period 80.00
	City Miami Gardens State FL Zip Code 33056-5203	
	Purpose of Disbursement Per Diem	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) Shirley Elizagarate	Transaction ID: D341470 Date of Disbursement 11 / 01 / 2010
	Mailing Address 20829 NW 24th Ct	Amount of Each Disbursement this Period 80.00
	City Miami Gardens State FL Zip Code 33056-5203	
	Purpose of Disbursement Per Diem	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) .....	240.00
<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) Shirley Elizagarate</p> <p>Mailing Address 20829 NW 24th Ct</p> <p>City Miami Gardens State FL Zip Code 33056-5203</p> <p>Purpose of Disbursement Per Diem</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> D341471</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jessica Elliott</p> <p>Mailing Address 6261 Sunset Drive Apt G6</p> <p>City Miami State FL Zip Code 33143</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D340536</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="400.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Annie Ellison</p> <p>Mailing Address 2611 NW 21st Street</p> <p>City Fort Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D343808</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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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) Annie Ellison	Transaction ID: D343809 Date of Disbursement 10 / 16 / 2010
	Mailing Address 2611 NW 21st Street	Amount of Each Disbursement this Period 40.00
	City Fort Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Annie Ellison	Transaction ID: D343810 Date of Disbursement 10 / 17 / 2010
	Mailing Address 2611 NW 21st Street	Amount of Each Disbursement this Period 40.00
	City Fort Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Annie Ellison	Transaction ID: D343811 Date of Disbursement 10 / 17 / 2010
	Mailing Address 2611 NW 21st Street	Amount of Each Disbursement this Period 40.00
	City Fort Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	▶	120.00
<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) Annie Ellison</p> <p>Mailing Address 2611 NW 21st Street</p> <p>City Fort Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D343812 <b>Date of Disbursement</b> 10 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Annie Ellison</p> <p>Mailing Address 2611 NW 21st Street</p> <p>City Fort Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D343813 <b>Date of Disbursement</b> 10 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Annie Ellison</p> <p>Mailing Address 2611 NW 21st Street</p> <p>City Fort Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D343814 <b>Date of Disbursement</b> 10 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 680.00</p>

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

**760.00**

**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  
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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) Curtis Ellison</p> <p>Mailing Address 2611 NW 21st Street</p> <p>City Fort Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D343816</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Curtis Ellison</p> <p>Mailing Address 2611 NW 21st Street</p> <p>City Fort Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D343817</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Curtis Ellison</p> <p>Mailing Address 2611 NW 21st Street</p> <p>City Fort Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D343818</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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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) Curtis Ellison</p> <p>Mailing Address 2611 NW 21st Street</p> <p>City Fort Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D343819</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Curtis Ellison</p> <p>Mailing Address 2611 NW 21st Street</p> <p>City Fort Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D343820</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Curtis Ellison</p> <p>Mailing Address 2611 NW 21st Street</p> <p>City Fort Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D343821</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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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) Curtis Ellison	Transaction ID: D343822 Date of Disbursement 11 / 19 / 2010
	Mailing Address 2611 NW 21st Street	Amount of Each Disbursement this Period 880.00
	City Fort Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Salena Ellison	Transaction ID: D343823 Date of Disbursement 10 / 26 / 2010
	Mailing Address 5211 NW 21st Court	Amount of Each Disbursement this Period 600.00
	City Fort Lauderdale State FL Zip Code 33313	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Salena Ellison	Transaction ID: D343824 Date of Disbursement 10 / 18 / 2010
	Mailing Address 5211 NW 21st Court	Amount of Each Disbursement this Period 40.00
	City Fort Lauderdale State FL Zip Code 33313	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	1520.00
<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></p> <p>Full Name (Last, First, Middle Initial) Tracy Ellison</p> <p>Mailing Address 2529 NW 9th Court</p> <p>City Fort Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D343825</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Tracy Ellison</p> <p>Mailing Address 2529 NW 9th Court</p> <p>City Fort Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D343826</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Tracy Ellison</p> <p>Mailing Address 2529 NW 9th Court</p> <p>City Fort Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D343827</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>

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

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

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

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

FOR LINE NUMBER: (check only one)

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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) Tracy Ellison	Transaction ID: D343828 Date of Disbursement 10 / 17 / 2010
	Mailing Address 2529 NW 9th Court	Amount of Each Disbursement this Period 40.00
	City Fort Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Tracy Ellison	Transaction ID: D343829 Date of Disbursement 10 / 18 / 2010
	Mailing Address 2529 NW 9th Court	Amount of Each Disbursement this Period 40.00
	City Fort Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Tracy Ellison	Transaction ID: D343830 Date of Disbursement 10 / 19 / 2010
	Mailing Address 2529 NW 9th Court	Amount of Each Disbursement this Period 600.00
	City Fort Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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>680.00</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 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) Sherwood Epps</p> <p>Mailing Address 8951 NE 8th Ave Apt 416</p> <p>City Miami State FL Zip Code 33138-3372</p> <p>Purpose of Disbursement Per Diem</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> D340221</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Sherwood Epps</p> <p>Mailing Address 8951 NE 8th Ave Apt 416</p> <p>City Miami State FL Zip Code 33138-3372</p> <p>Purpose of Disbursement Per Diem</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> D340222</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Sherwood Epps</p> <p>Mailing Address 8951 NE 8th Ave Apt 416</p> <p>City Miami State FL Zip Code 33138-3372</p> <p>Purpose of Disbursement Per Diem</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> D340223</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="240.00"/>
<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Sherwood Epps</p> <p>Mailing Address 8951 NE 8th Ave Apt 416</p> <p>City Miami State FL Zip Code 33138-3372</p> <p>Purpose of Disbursement Per Diem</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> D340224 <b>Date of Disbursement</b> 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jermaine Ervin</p> <p>Mailing Address 10203 Thousand Oaks Ct</p> <p>City Tallahassee State FL Zip Code 32309</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D339288 <b>Date of Disbursement</b> 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 280.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Maria Escoloar</p> <p>Mailing Address 201 Racquet Club Road, Apt N205</p> <p>City Fort Lauderdale State FL Zip Code 33326</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D339984 <b>Date of Disbursement</b> 11 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 390.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>750.00</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)

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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) Michael Estell	Transaction ID: D339542 Date of Disbursement 10 / 30 / 2010
	Mailing Address 400 Putnam Drive	Amount of Each Disbursement this Period 341.69
	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) Michael Estell	Transaction ID: D340621 Date of Disbursement 11 / 02 / 2010
	Mailing Address 400 Putnam Drive	Amount of Each Disbursement this Period 455.00
	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) ▼

C.	Full Name (Last, First, Middle Initial) John Estes	Transaction ID: D339531 Date of Disbursement 10 / 30 / 2010
	Mailing Address 9884 SW 26th Ter	Amount of Each Disbursement this Period 1019.73
	City Miami State FL Zip Code 33165-2627	
	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) ..... ▶

1816.42

**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)

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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) Cheryl Evans Mailing Address 1017 Buchanan St City Hollywood State FL Zip Code 33019-1106 Purpose of Disbursement Per Diem 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: D344403 Date of Disbursement 10 / 31 / 2010	Amount of Each Disbursement this Period 40.00
B.	Full Name (Last, First, Middle Initial) Pierre Evariste Mailing Address 1493 NE 146th St City Miami State FL Zip Code 33161-2624 Purpose of Disbursement Per Diem 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: D342324 Date of Disbursement 10 / 23 / 2010	Amount of Each Disbursement this Period 40.00
C.	Full Name (Last, First, Middle Initial) Pierre Evariste Mailing Address 1493 NE 146th St City Miami State FL Zip Code 33161-2624 Purpose of Disbursement Per Diem 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: D342325 Date of Disbursement 10 / 23 / 2010	Amount of Each Disbursement this Period 40.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	120.00
<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) Tamsha Everett</p> <p>Mailing Address 2541 NW 152nd Terrace</p> <p>City Opa Locka State FL Zip Code 33054</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> D339506 <b>Date of Disbursement:</b> 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 138.52</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Dominic Fabres</p> <p>Mailing Address 515 Santander Ave, Apt 2</p> <p>City Miami State FL Zip Code 33134</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> D339502 <b>Date of Disbursement:</b> 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 386.72</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jacob Fagan</p> <p>Mailing Address 5162 Lake Osborne Dr</p> <p>City Lake Worth State FL Zip Code 33461</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> D339507 <b>Date of Disbursement:</b> 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 150.07</p>

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

**675.31**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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) Larry Faniel</p> <p>Mailing Address 4630 SW 28th St</p> <p>City West Park State FL Zip Code 33023-4326</p> <p>Purpose of Disbursement Per Diem</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> D344405 <b>Date of Disbursement</b> 11 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 720.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Matthew Farrington</p> <p>Mailing Address 1001 NW 140th St</p> <p>City Miami State FL Zip Code 33168-6715</p> <p>Purpose of Disbursement Per Diem</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> D341491 <b>Date of Disbursement</b> 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Matthew Farrington</p> <p>Mailing Address 1001 NW 140th St</p> <p>City Miami State FL Zip Code 33168-6715</p> <p>Purpose of Disbursement Per Diem</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> D341493 <b>Date of Disbursement</b> 10 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>

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

840.00

**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></p> <p>Full Name (Last, First, Middle Initial) Matthew Farrington</p> <p>Mailing Address 1001 NW 140th St</p> <p>City Miami State FL Zip Code 33168-6715</p> <p>Purpose of Disbursement Per Diem</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> D341494</p> <p>Date of Disbursement 11 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Matthew Farrington</p> <p>Mailing Address 1001 NW 140th St</p> <p>City Miami State FL Zip Code 33168-6715</p> <p>Purpose of Disbursement Per Diem</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> D341495</p> <p>Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Matthew Farrington</p> <p>Mailing Address 1001 NW 140th St</p> <p>City Miami State FL Zip Code 33168-6715</p> <p>Purpose of Disbursement Per Diem</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> D341496</p> <p>Date of Disbursement 10 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>

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

200.00

**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

<b>A.</b>	Full Name (Last, First, Middle Initial) Matthew Farrington <hr/> Mailing Address 1001 NW 140th St <hr/> City Miami State FL Zip Code 33168-6715 <hr/> Purpose of Disbursement Per Diem 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> D341497 Date of Disbursement 10 / 23 / 2010	Amount of Each Disbursement this Period 40.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Matthew Farrington <hr/> Mailing Address 1001 NW 140th St <hr/> City Miami State FL Zip Code 33168-6715 <hr/> Purpose of Disbursement Per Diem 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> D341490 Date of Disbursement 10 / 30 / 2010	Amount of Each Disbursement this Period 40.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Trevor Feagin <hr/> Mailing Address 9416 NW 54th Street <hr/> City Fort Lauderdale State FL Zip Code 33351 <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) ▼	<b>Transaction ID:</b> D333078 Date of Disbursement 10 / 18 / 2010	Amount of Each Disbursement this Period 975.00

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

1055.00

**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) Trevor Feagin	Transaction ID: D340167 Date of Disbursement 10 / 31 / 2010
	Mailing Address 9416 NW 54th Street	Amount of Each Disbursement this Period 500.00
	City Fort Lauderdale State FL Zip Code 33351	
	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) Xavier Feldman	Transaction ID: D344525 Date of Disbursement 11 / 02 / 2010
	Mailing Address 540 NW 4th Ave, Apt 1608	Amount of Each Disbursement this Period 640.00
	City Fort Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Carolina Fernandez	Transaction ID: D340628 Date of Disbursement 11 / 02 / 2010
	Mailing Address 12601 E Golf Dr	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33167	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	▶	1220.00
<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) Andrew Ferrin	Transaction ID: D339579 Date of Disbursement 10 / 30 / 2010
	Mailing Address 17424 NW 10th Street	Amount of Each Disbursement this Period 559.96
	City Hollywood State FL Zip Code 33029	
	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) Jared Fields	Transaction ID: D339550 Date of Disbursement 10 / 30 / 2010
	Mailing Address 5329 Dreamers Lane	Amount of Each Disbursement this Period 244.73
	City Tallahassee State FL Zip Code 32303	
	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) Jared Fields	Transaction ID: D340623 Date of Disbursement 11 / 02 / 2010
	Mailing Address 5329 Dreamers Lane	Amount of Each Disbursement this Period 200.00
	City Tallahassee State FL Zip Code 32303	
	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) .....	1004.69
<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) David Fifer <hr/> Mailing Address 2790 Old St Augustine Rd, Apt P166 <hr/> City Tallahassee State FL Zip Code 32301 <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: D339643 Date of Disbursement 10 / 30 / 2010
	Amount of Each Disbursement this Period 1037.55
	Category/Type
	Category/Type
<b>B.</b> Full Name (Last, First, Middle Initial) David Fifer <hr/> Mailing Address 2790 Old St Augustine Rd, Apt P166 <hr/> City Tallahassee State FL Zip Code 32301 <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: D340289 Date of Disbursement 11 / 08 / 2010
	Amount of Each Disbursement this Period 384.09
	Category/Type
	Category/Type
<b>C.</b> Full Name (Last, First, Middle Initial) David Fifer <hr/> Mailing Address 2790 Old St Augustine Rd, Apt P166 <hr/> City Tallahassee State FL Zip Code 32301 <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: D339325 Date of Disbursement 10 / 15 / 2010
	Amount of Each Disbursement this Period 1037.56
	Category/Type
	Category/Type

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

2459.20

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

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

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

FOR LINE NUMBER:  
(check only one)

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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) David Fifer</p> <p>Mailing Address 2790 Old St Augustine Rd, Apt P166</p> <p>City Tallahassee State FL Zip Code 32301</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D332244 <b>Date of Disbursement</b> 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Christie Fisher</p> <p>Mailing Address 1750 Bordeaux Lane</p> <p>City Savannah State GA Zip Code 31419</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D341129 <b>Date of Disbursement</b> 11 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 650.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Contessa Fisher</p> <p>Mailing Address 2400 W Tharpe Street, Apt 306</p> <p>City Tallahassee State FL Zip Code 32303</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D340553 <b>Date of Disbursement</b> 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 100.00</p>

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

**815.00**

**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) Dana Fisher</p> <p>Mailing Address 3530 SW 40th Ave</p> <p>City Hollywood State FL Zip Code 33023</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D340165</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="431.25"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Elvis Fleming</p> <p>Mailing Address 4731 NW 12th Street</p> <p>City Fort Lauderdale State FL Zip Code 33313</p> <p>Purpose of Disbursement Per Diem</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> D344252</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Elvis Fleming</p> <p>Mailing Address 4731 NW 12th Street</p> <p>City Fort Lauderdale State FL Zip Code 33313</p> <p>Purpose of Disbursement Per Diem</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> D344253</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="640.00"/></p>

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

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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) Ingrid Fluellen</p> <p>Mailing Address 8291 Dames Point Crossing Point Bl Apt 5107</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> D340365 <b>Date of Disbursement</b> 11 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 368.63</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ingrid Fluellen</p> <p>Mailing Address 8291 Dames Point Crossing Point Bl Apt 5107</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> D339736 <b>Date of Disbursement</b> 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1014.39</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ingrid Fluellen</p> <p>Mailing Address 8291 Dames Point Crossing Point Bl Apt 5107</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> D339308 <b>Date of Disbursement</b> 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1266.35</p>

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

2649.37

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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

<b>A.</b> Full Name (Last, First, Middle Initial) Ingrid Fluellen <hr/> Mailing Address 8291 Dames Point Crossing Point Bl Apt 5107 <hr/> City Jacksonville State FL Zip Code 32277 <hr/> Purpose of Disbursement Phone Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D338471 Date of Disbursement 10 / 25 / 2010
	Amount of Each Disbursement this Period 65.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Wanda Ford-McCaskins <hr/> Mailing Address 1017 Buchanan St <hr/> City Hollywood State FL Zip Code 33019-1106 <hr/> Purpose of Disbursement Per Diem 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: D344408 Date of Disbursement 10 / 26 / 2010
	Amount of Each Disbursement this Period 480.00
	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) Oliver Fort <hr/> Mailing Address 2601 NW 207th St Apt 158 <hr/> City Miami Gardens State FL Zip Code 33056-5241 <hr/> Purpose of Disbursement Per Diem 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: D344411 Date of Disbursement 10 / 28 / 2010
	Amount of Each Disbursement this Period 680.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1225.00

**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) Terrell Fort</p> <p>Mailing Address 5685 Flagler St</p> <p>City Hollywood State FL Zip Code 33023-2381</p> <p>Purpose of Disbursement Per Diem</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> D344416</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="800.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) John Fox</p> <p>Mailing Address 1101 SE Osceola St</p> <p>City Stuart State FL Zip Code 34996-2521</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D343621</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ryan Fraizer</p> <p>Mailing Address 515 NE 25th Ave</p> <p>City Boynton Beach State FL Zip Code 33435</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D339581</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="632.48"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1457.48"/>
<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) Angeline Francis	Transaction ID: D344423 Date of Disbursement 10 / 31 / 2010
	Mailing Address 1017 Buchanan St	Amount of Each Disbursement this Period 40.00
	City Hollywood State FL Zip Code 33019-1106	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Anne Francis	Transaction ID: D340462 Date of Disbursement 11 / 02 / 2010
	Mailing Address 18520 NW 67 Ave #108	Amount of Each Disbursement this Period 20.00
	City Hialeah State FL Zip Code 33015	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Anne Francis	Transaction ID: D340463 Date of Disbursement 11 / 02 / 2010
	Mailing Address 18520 NW 67 Ave #108	Amount of Each Disbursement this Period 80.00
	City Hialeah State FL Zip Code 33015	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	▶	140.00
<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) Christina Francis	Transaction ID: D344426 Date of Disbursement 10 / 31 / 2010
	Mailing Address 1017 Buchanan St	Amount of Each Disbursement this Period 40.00
	City Hollywood State FL Zip Code 33019-1106	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Diane Francis	Transaction ID: D342079 Date of Disbursement 11 / 02 / 2010
	Mailing Address 1895 NW 172nd Ter	Amount of Each Disbursement this Period 40.00
	City Miami Gardens State FL Zip Code 33056-4833	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Diane Francis	Transaction ID: D342074 Date of Disbursement 10 / 30 / 2010
	Mailing Address 1895 NW 172nd Ter	Amount of Each Disbursement this Period 80.00
	City Miami Gardens State FL Zip Code 33056-4833	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	▶	160.00
<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></p> <p>Full Name (Last, First, Middle Initial) Diane Francis</p> <p>Mailing Address 1895 NW 172nd Ter</p> <p>City Miami Gardens State FL Zip Code 33056-4833</p> <p>Purpose of Disbursement Per Diem</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> D342075</p> <p>Date of Disbursement 10 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Diane Francis</p> <p>Mailing Address 1895 NW 172nd Ter</p> <p>City Miami Gardens State FL Zip Code 33056-4833</p> <p>Purpose of Disbursement Per Diem</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> D342076</p> <p>Date of Disbursement 11 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Diane Francis</p> <p>Mailing Address 1895 NW 172nd Ter</p> <p>City Miami Gardens State FL Zip Code 33056-4833</p> <p>Purpose of Disbursement Per Diem</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> D342077</p> <p>Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>

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

240.00

**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) Diane Francis</p> <p>Mailing Address 1895 NW 172nd Ter</p> <p>City Miami Gardens State FL Zip Code 33056-4833</p> <p>Purpose of Disbursement Per Diem</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> D342078</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Larry Francis</p> <p>Mailing Address 1017 Buchanan St</p> <p>City Hollywood State FL Zip Code 33019-1106</p> <p>Purpose of Disbursement Per Diem</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> D344431</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) A'yanna Frazier</p> <p>Mailing Address 1001 Ocala Road Apt371A</p> <p>City Tallahassee State FL Zip Code 32304</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D340582</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="490.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="570.00"/>
<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) A'yanna Frazier</p> <p>Mailing Address 1001 Ocala Road Apt371A</p> <p>City Tallahassee State FL Zip Code 32304</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> D339296 <b>Date of Disbursement</b> 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 215.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Aaron Friedman</p> <p>Mailing Address 868 NW 52nd Place</p> <p>City Pompano Beach State FL Zip Code 33067</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> D340126 <b>Date of Disbursement</b> 10 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 412.50</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Javon Frinks</p> <p>Mailing Address P.O. Box 50163</p> <p>City Jacksonville State FL Zip Code 32246</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> D339965 <b>Date of Disbursement</b> 11 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 455.00</p>

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

1082.50

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

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

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

FOR LINE NUMBER:  
(check only one)

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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) Douglas Fuller	Transaction ID: D340127 Date of Disbursement 10 / 31 / 2010
	Mailing Address 735 NW 126th Ave	Amount of Each Disbursement this Period 312.50
	City Pompano Beach State FL Zip Code 33071	
	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) Maya Gabriel	Transaction ID: D340128 Date of Disbursement 10 / 31 / 2010
	Mailing Address 12310 Royal Palm Blvd.	Amount of Each Disbursement this Period 903.13
	City Pompano Beach State FL Zip Code 33065	
	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) Enrique Gago	Transaction ID: D340129 Date of Disbursement 10 / 31 / 2010
	Mailing Address 4334 NW 9th Ave #113	Amount of Each Disbursement this Period 162.50
	City Pompano Beach State FL Zip Code 33064	
	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) .....	▶	1378.13
<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) Hattie Gainous	Transaction ID: D342243 Date of Disbursement
	Mailing Address 2242 NW 49th St	<input type="text" value="10"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Miami State FL Zip Code 33142-3646	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="80.00"/>
	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) Hattie Gainous	Transaction ID: D342244 Date of Disbursement
	Mailing Address 2242 NW 49th St	<input type="text" value="11"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Miami State FL Zip Code 33142-3646	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="80.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Hattie Gainous	Transaction ID: D342245 Date of Disbursement
	Mailing Address 2242 NW 49th St	<input type="text" value="11"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Miami State FL Zip Code 33142-3646	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="80.00"/>
	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="240.00"/>
<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Hattie Gainous</p> <p>Mailing Address 2242 NW 49th St</p> <p>City Miami State FL Zip Code 33142-3646</p> <p>Purpose of Disbursement Per Diem</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> D342242</p> <p>Date of Disbursement 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Nicholas Gainous</p> <p>Mailing Address 2407 Pontaic Drive</p> <p>City Tallahassee State FL Zip Code 32301</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D340555</p> <p>Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 140.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Nicholas Gainous</p> <p>Mailing Address 2407 Pontaic Drive</p> <p>City Tallahassee State FL Zip Code 32301</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D339302</p> <p>Date of Disbursement 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 105.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>325.00</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)

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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) Arlene Gallagher <hr/> Mailing Address 5211 SW 21st St <hr/> City West Park State FL Zip Code 33023-3109 Purpose of Disbursement Per Diem 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: D344435 Date of Disbursement 10 / 25 / 2010
	Amount of Each Disbursement this Period 440.00
<b>B.</b> Full Name (Last, First, Middle Initial) Johnny Gardner <hr/> Mailing Address 1017 Buchanan St <hr/> City Hollywood State FL Zip Code 33019-1106 Purpose of Disbursement Per Diem 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: D344443 Date of Disbursement 10 / 24 / 2010
	Amount of Each Disbursement this Period 40.00
<b>C.</b> Full Name (Last, First, Middle Initial) Sebastian Gardner <hr/> Mailing Address 310 Fair Field Ave <hr/> City Tallahassee State FL Zip Code 32305 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: D339556 Date of Disbursement 10 / 30 / 2010
	Amount of Each Disbursement this Period 264.33

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

744.33

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

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

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

FOR LINE NUMBER:  
(check only one)

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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) Sebastian Gardner	Transaction ID: D340590 Date of Disbursement 11 / 02 / 2010
	Mailing Address 310 Fair Field Ave	Amount of Each Disbursement this Period 115.00
	City Tallahassee State FL Zip Code 32305	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) David Gartner	Transaction ID: D340178 Date of Disbursement 11 / 09 / 2010
	Mailing Address 23 174th Street, #1816	Amount of Each Disbursement this Period 900.00
	City North Miami Beach State FL Zip Code 33160	
	Purpose of Disbursement Consulting/Field Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Marcus Garza	Transaction ID: D338442 Date of Disbursement 10 / 21 / 2010
	Mailing Address 10505 Lake Willians	Amount of Each Disbursement this Period 65.00
	City Odessa State FL Zip Code 33556	
	Purpose of Disbursement Phone Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1080.00

**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></p> <p>Full Name (Last, First, Middle Initial) Marcus Garza</p> <p>Mailing Address 10505 Lake Willians</p> <p>City Odessa State FL Zip Code 33556</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> D339608 <b>Date of Disbursement</b> 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1037.56</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Marcus Garza</p> <p>Mailing Address 10505 Lake Willians</p> <p>City Odessa State FL Zip Code 33556</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> D340267 <b>Date of Disbursement</b> 11 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 384.08</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Marcus Garza</p> <p>Mailing Address 10505 Lake Willians</p> <p>City Odessa State FL Zip Code 33556</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> D339389 <b>Date of Disbursement</b> 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1037.55</p>

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

2459.19

**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) Adriene George</p> <p>Mailing Address 1050 Caliph St</p> <p>City Opa Locka State FL Zip Code 33054-3621</p> <p>Purpose of Disbursement Per Diem</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> D344445</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1040.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ryan George</p> <p>Mailing Address 12884 Lower River Blvd</p> <p>City Orlando State FL Zip Code 32828</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D339233</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="240.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Dana Geork</p> <p>Mailing Address 8 SE 19th Ave, #1</p> <p>City Pompano Beach State FL Zip Code 33060</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D340118</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="362.50"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="1642.50"/></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

<b>A.</b>	Full Name (Last, First, Middle Initial) Tosha Gibson <hr/> Mailing Address 6348 NW 14th Court <hr/> City Miami State FL Zip Code 33147 <hr/> Purpose of Disbursement Per Diem 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> D344255 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	Amount of Each Disbursement this Period 40.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Tosha Gibson <hr/> Mailing Address 6348 NW 14th Court <hr/> City Miami State FL Zip Code 33147 <hr/> Purpose of Disbursement Per Diem 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> D344256 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 1 0	Amount of Each Disbursement this Period 40.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Avery Gilbert <hr/> Mailing Address 750 NW 179th Ter <hr/> City Miami State FL Zip Code 33169-4736 <hr/> Purpose of Disbursement Per Diem 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> D342081 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 1 0	Amount of Each Disbursement this Period 80.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	160.00
<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) Avery Gilbert</p> <p>Mailing Address 750 NW 179th Ter</p> <p>City Miami State FL Zip Code 33169-4736</p> <p>Purpose of Disbursement Per Diem</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> D342082</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ralph Gilbert</p> <p>Mailing Address 5411 Roosevelt St</p> <p>City Hollywood State FL Zip Code 33021</p> <p>Purpose of Disbursement Per Diem</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> D344257</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="440.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Tyrone Gilbert</p> <p>Mailing Address 1017 Buchanan St</p> <p>City Hollywood State FL Zip Code 33019-1106</p> <p>Purpose of Disbursement Per Diem</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> D344447</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="560.00"/></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

A.	Full Name (Last, First, Middle Initial) Xavier Gilbert	Transaction ID: D344448 Date of Disbursement 11 / 02 / 2010
	Mailing Address 2401 Van Buren St Apt 5	Amount of Each Disbursement this Period 1200.00
	City Hollywood State FL Zip Code 33020-4967	
	Purpose of Disbursement Per Diem	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) Willie Gilliard	Transaction ID: D339966 Date of Disbursement 11 / 04 / 2010
	Mailing Address 2711 NW 21st St	Amount of Each Disbursement this Period 1300.00
	City Fort Lauderdale State FL Zip Code 33311-3309	
	Purpose of Disbursement Salary	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) Brendan Gleason	Transaction ID: D339564 Date of Disbursement 10 / 30 / 2010
	Mailing Address 6000 Moss Glen Court	Amount of Each Disbursement this Period 1099.93
	City Clifton State VA Zip Code 20124	
	Purpose of Disbursement Salary	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>3599.93</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)

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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) Jacqueline Glynn</p> <p>Mailing Address 630 NE 46th Court, #1</p> <p>City Fort Lauderdale State FL Zip Code 33304</p> <p>Purpose of Disbursement Per Diem</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> D344258 <b>Date of Disbursement</b> 10 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jacqueline Glynn</p> <p>Mailing Address 630 NE 46th Court, #1</p> <p>City Fort Lauderdale State FL Zip Code 33304</p> <p>Purpose of Disbursement Per Diem</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> D344259 <b>Date of Disbursement</b> 10 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 240.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Spencer Goehrig</p> <p>Mailing Address 1531 NW 109th Terrace</p> <p>City Pompano Beach State FL Zip Code 33071</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D340123 <b>Date of Disbursement</b> 10 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 625.00</p>

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

905.00

**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) Leroy Gonsales</p> <p>Mailing Address 6903 Miss Muffet Ln. South</p> <p>City Jacksonville State FL Zip Code 32210</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D339959</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="390.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Rodrick Goodham</p> <p>Mailing Address 5414 NW 16th Court</p> <p>City Fort Lauderdale State FL Zip Code 33313</p> <p>Purpose of Disbursement Per Diem</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> D344823</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="160.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ricky Goodrum</p> <p>Mailing Address 2572 NW 20th Street</p> <p>City Fort Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D344260</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="400.00"/></p>

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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) Ricky Goodrum</p> <p>Mailing Address 2572 NW 20th Street</p> <p>City Fort Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D345559</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="120.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Alisha Goolsby</p> <p>Mailing Address 7826 Renault Drive South</p> <p>City Jacksonville State FL Zip Code 32244</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D339920</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="455.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jean Girard Gossin</p> <p>Mailing Address 2223 NE 172 St.</p> <p>City North Miami Beach State FL Zip Code 33160</p> <p>Purpose of Disbursement Per Diem</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> D342329</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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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) Jean Girard Gossin	Transaction ID: D342330 Date of Disbursement 10 / 23 / 2010
	Mailing Address 2223 NE 172 St.	Amount of Each Disbursement this Period 40.00
	City North Miami Beach State FL Zip Code 33160	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Jean Girard Gossin	Transaction ID: D342331 Date of Disbursement 10 / 24 / 2010
	Mailing Address 2223 NE 172 St.	Amount of Each Disbursement this Period 40.00
	City North Miami Beach State FL Zip Code 33160	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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 Girard Gossin	Transaction ID: D342332 Date of Disbursement 10 / 24 / 2010
	Mailing Address 2223 NE 172 St.	Amount of Each Disbursement this Period 40.00
	City North Miami Beach State FL Zip Code 33160	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	▶	120.00
<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) Jean Girard Gossin	Transaction ID: D342333 Date of Disbursement 10 / 25 / 2010
	Mailing Address 2223 NE 172 St.	Amount of Each Disbursement this Period 40.00
	City North Miami Beach State FL Zip Code 33160	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Jean Girard Gossin	Transaction ID: D342334 Date of Disbursement 10 / 25 / 2010
	Mailing Address 2223 NE 172 St.	Amount of Each Disbursement this Period 40.00
	City North Miami Beach State FL Zip Code 33160	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Sharon Graham	Transaction ID: D344262 Date of Disbursement 10 / 26 / 2010
	Mailing Address 4844 NW 24th Court, Apt 323	Amount of Each Disbursement this Period 400.00
	City Fort Lauderdale State FL Zip Code 33313	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	▶	480.00
<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) John Granger	Transaction ID: D339522 Date of Disbursement 10 / 30 / 2010
	Mailing Address 1331 Alana Dr. #107	
	City Orlando State FL Zip Code 32828	Amount of Each Disbursement this Period 184.70
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) John Granger	Transaction ID: D333709 Date of Disbursement 10 / 15 / 2010
	Mailing Address 1331 Alana Dr. #107	
	City Orlando State FL Zip Code 32828	Amount of Each Disbursement this Period 328.30
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) John Granger	Transaction ID: D333710 Date of Disbursement 10 / 15 / 2010
	Mailing Address 1331 Alana Dr. #107	
	City Orlando State FL Zip Code 32828	Amount of Each Disbursement this Period 161.70
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	674.70
<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) Ralph Grant</p> <p>Mailing Address 11087 Stonewood Forest Trl</p> <p>City Boynton Beach State FL Zip Code 33473</p> <p>Purpose of Disbursement Per Diem</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> D344263</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Tiffany Grant</p> <p>Mailing Address 360 NW 8th Street</p> <p>City Fort Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D344264</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Tiffany Grant</p> <p>Mailing Address 360 NW 8th Street</p> <p>City Fort Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D344265</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="280.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="360.00"/>
<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Latoya Graves</p> <p>Mailing Address 1017 Buchanan St</p> <p>City Hollywood State FL Zip Code 33019-1106</p> <p>Purpose of Disbursement Per Diem</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> D344450 <b>Date of Disbursement</b> 10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 200.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jahmar Gray</p> <p>Mailing Address 1301 NW 77th St</p> <p>City Miami State FL Zip Code 33147-5753</p> <p>Purpose of Disbursement Per Diem</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> D341139 <b>Date of Disbursement</b> 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Michael Gray</p> <p>Mailing Address 920 3rd Avenue</p> <p>City New Smyrna Beach State FL Zip Code 32170</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D339513 <b>Date of Disbursement</b> 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1060.73</p>

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

1340.73

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

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

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

FOR LINE NUMBER:  
(check only one)

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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) Michael Gray	Transaction ID: D341258 Date of Disbursement 11 / 15 / 2010
	Mailing Address 920 3rd Avenue	Amount of Each Disbursement this Period 1060.72
	City New Smyrna Beach State FL Zip Code 32170	
	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) Pamela Gray	Transaction ID: D345550 Date of Disbursement 10 / 26 / 2010
	Mailing Address 3350 SW 54th Ave	Amount of Each Disbursement this Period 320.00
	City Hollywood State FL Zip Code 33023	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Pamela Gray	Transaction ID: D344266 Date of Disbursement 10 / 31 / 2010
	Mailing Address 3350 SW 54th Ave	Amount of Each Disbursement this Period 40.00
	City Hollywood State FL Zip Code 33023	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	▶	1420.72
<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) Curtis Green</p> <p>Mailing Address 5001 SW 19th St</p> <p>City West Park State FL Zip Code 33023-3270</p> <p>Purpose of Disbursement Per Diem</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> D344453 <b>Date of Disbursement</b> 11 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 1080.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jonterrius Green</p> <p>Mailing Address 902 Apache Street</p> <p>City Tallahassee State FL Zip Code 32301</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D340604 <b>Date of Disbursement</b> 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 370.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jonterrius Green</p> <p>Mailing Address 902 Apache Street</p> <p>City Tallahassee State FL Zip Code 32301</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D339543 <b>Date of Disbursement</b> 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 300.14</p>

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

1750.14

**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) Randall Greene</p> <p>Mailing Address 808 S. Lipona Road</p> <p>City Tallahassee State FL Zip Code 32304</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D340400</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="384.08"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Randall Greene</p> <p>Mailing Address 808 S. Lipona Road</p> <p>City Tallahassee State FL Zip Code 32304</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D338476</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="65.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jennifer Greenfield</p> <p>Mailing Address 5047 17th St</p> <p>City Zephyrhills State FL Zip Code 33542-2147</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D339361</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1014.39"/></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

A.	Full Name (Last, First, Middle Initial) Jennifer Greenfield	Transaction ID: D339732 Date of Disbursement 10 / 30 / 2010
	Mailing Address 5047 17th St	Amount of Each Disbursement this Period 1014.39
	City Zephyrhills State FL Zip Code 33542-2147	
	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) Jennifer Greenfield	Transaction ID: D340352 Date of Disbursement 11 / 08 / 2010
	Mailing Address 5047 17th St	Amount of Each Disbursement this Period 368.64
	City Zephyrhills State FL Zip Code 33542-2147	
	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) Jennifer Greenfield	Transaction ID: D332221 Date of Disbursement 10 / 15 / 2010
	Mailing Address 5047 17th St	Amount of Each Disbursement this Period 65.00
	City Zephyrhills State FL Zip Code 33542-2147	
	Purpose of Disbursement Phone Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1448.03
<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)

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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) Greenway Consulting</p> <p>Mailing Address 5720 Colfax Ave</p> <p>City Alexandria State VA Zip Code 22311</p> <p>Purpose of Disbursement Consulting/Political/Sink/Governor/N</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> D334501 <b>Date of Disbursement</b> 10 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 2800.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Darryl Griffin</p> <p>Mailing Address 3051 NW 52nd St</p> <p>City Miami State FL Zip Code 33142-3466</p> <p>Purpose of Disbursement Per Diem</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> D344454 <b>Date of Disbursement</b> 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 160.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Georgia Griner</p> <p>Mailing Address 16000 NW 28th Place</p> <p>City Opa Locka State FL Zip Code 33054</p> <p>Purpose of Disbursement Per Diem</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> D340456 <b>Date of Disbursement</b> 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>

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

3040.00

**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) Allison Grump	Transaction ID: D339235 Date of Disbursement 10 / 26 / 2010
	Mailing Address P.O. Box 166554	Amount of Each Disbursement this Period 370.00
	City Orlando State FL Zip Code 32816	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Michelle Guerin	Transaction ID: D339327 Date of Disbursement 10 / 15 / 2010
	Mailing Address 8670 Wesleyan Dr. #307	Amount of Each Disbursement this Period 1060.72
	City Fort Myers State FL Zip Code 33919	
	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) Michelle Guerin	Transaction ID: D340290 Date of Disbursement 11 / 08 / 2010
	Mailing Address 8670 Wesleyan Dr. #307	Amount of Each Disbursement this Period 384.78
	City Fort Myers State FL Zip Code 33919	
	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) .....	1815.50
<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) Michelle Guerin	Transaction ID: D339644 Date of Disbursement 10 / 30 / 2010
	Mailing Address 8670 Wesleyan Dr. #307	Amount of Each Disbursement this Period 1060.73
	City Fort Myers State FL Zip Code 33919	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Michelle Guerin	Transaction ID: D332243 Date of Disbursement 10 / 15 / 2010
	Mailing Address 8670 Wesleyan Dr. #307	Amount of Each Disbursement this Period 65.00
	City Fort Myers State FL Zip Code 33919	
	Purpose of Disbursement Phone Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mathes Guile	Transaction ID: D339918 Date of Disbursement 11 / 03 / 2010
	Mailing Address 8611 NW 57th Ct	Amount of Each Disbursement this Period 3000.00
	City Fort Lauderdale State FL Zip Code 33321	
	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) ..... ▶

4125.73

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

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

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

FOR LINE NUMBER:  
(check only one)

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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) Lawrence Gunther</p> <p>Mailing Address 705 NW 10th Ct</p> <p>City Hallandale Beach State FL Zip Code 33009-2237</p> <p>Purpose of Disbursement Per Diem</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> D344455</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="600.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bernard Gyden</p> <p>Mailing Address 1610 NW 131st St</p> <p>City North Miami State FL Zip Code 33167-1633</p> <p>Purpose of Disbursement Per Diem</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> D340373</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Bernard Gyden</p> <p>Mailing Address 1610 NW 131st St</p> <p>City North Miami State FL Zip Code 33167-1633</p> <p>Purpose of Disbursement Per Diem</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> D340375</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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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) Bernard Gyden	Transaction ID: D340376 Date of Disbursement 11 / 01 / 2010
	Mailing Address 1610 NW 131st St	Amount of Each Disbursement this Period 80.00
	City North Miami State FL Zip Code 33167-1633	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Bernard Gyden	Transaction ID: D340379 Date of Disbursement 11 / 02 / 2010
	Mailing Address 1610 NW 131st St	Amount of Each Disbursement this Period 80.00
	City North Miami State FL Zip Code 33167-1633	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Fred Habersham	Transaction ID: D344267 Date of Disbursement 10 / 19 / 2010
	Mailing Address 2600 NW 8th Place Apt #2	Amount of Each Disbursement this Period 480.00
	City Fort Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	▶	640.00
<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) Fred Habersham</p> <p>Mailing Address 2600 NW 8th Place Apt #2</p> <p>City Fort Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D344268</p> <p>Date of Disbursement 10 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Maxzine Hackerson</p> <p>Mailing Address 2651 NW 15th Court</p> <p>City Fort Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D344271</p> <p>Date of Disbursement 10 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 120.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jordan Hall</p> <p>Mailing Address 7541 NW 12th Street</p> <p>City Fort Lauderdale State FL Zip Code 33313</p> <p>Purpose of Disbursement Per Diem</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> D344269</p> <p>Date of Disbursement 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 120.00</p>

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

280.00

**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) Willie Hall</p> <p>Mailing Address 1436 NW 6th St, Apt #20</p> <p>City Fort Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D344270</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="400.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bronson Halperin</p> <p>Mailing Address 1503 NW 85th Dr.</p> <p>City Pompano Beach State FL Zip Code 33071</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D340125</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="418.75"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Damion Hamilton</p> <p>Mailing Address 2292 NW 81st Ave</p> <p>City Fort Lauderdale State FL Zip Code 33322</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D340131</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="343.75"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1162.50"/>
<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) Michael Hamilton</p> <p>Mailing Address 4600 SW 25th St</p> <p>City West Park State FL Zip Code 33023-4306</p> <p>Purpose of Disbursement Per Diem</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> D344456</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="520.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Hampton Inn Corporate</p> <p>Mailing Address 9336 Civic Center Drive</p> <p>City Beverly Hills State CA Zip Code 90210</p> <p>Purpose of Disbursement Travel/Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D341305</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="218.87"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Hampton Inn Corporate</p> <p>Mailing Address 9336 Civic Center Drive</p> <p>City Beverly Hills State CA Zip Code 90210</p> <p>Purpose of Disbursement Travel/Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D345626</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="292.98"/></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> Full Name (Last, First, Middle Initial) Hampton Inn Corporate</p> <p>Mailing Address 9336 Civic Center Drive</p> <p>City State Zip Code Beverly Hills CA 90210</p> <p>Purpose of Disbursement Travel/Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D345627</p> <p>Date of Disbursement 11 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 78.40</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Melissa Hans</p> <p>Mailing Address 11947 NW 12th St</p> <p>City State Zip Code Pembroke Pines FL 33026-4359</p> <p>Purpose of Disbursement Per Diem</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> D344506</p> <p>Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 840.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Cedric Hargrove</p> <p>Mailing Address 1017 Buchanan St</p> <p>City State Zip Code Hollywood FL 33019-1106</p> <p>Purpose of Disbursement Per Diem</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> D344513</p> <p>Date of Disbursement 10 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>998.40</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)

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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) Cecila Harp <hr/> Mailing Address 1916 NW 28th Street <hr/> City Fort Lauderdale State FL Zip Code 33311 <hr/> Purpose of Disbursement Per Diem 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: D344272 Date of Disbursement 11 / 01 / 2010 <hr/> Amount of Each Disbursement this Period 40.00
B.	Full Name (Last, First, Middle Initial) Richard Harp <hr/> Mailing Address 1916 NW 28th Street <hr/> City Fort Lauderdale State FL Zip Code 33311 <hr/> Purpose of Disbursement Per Diem 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: D344819 Date of Disbursement 11 / 02 / 2010 <hr/> Amount of Each Disbursement this Period 80.00
C.	Full Name (Last, First, Middle Initial) William Lee Harper, Sr <hr/> Mailing Address 727 Century Point Dr. E <hr/> City Jacksonville State FL Zip Code 32216 <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: D340510 Date of Disbursement 11 / 03 / 2010 <hr/> Amount of Each Disbursement this Period 260.00

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

**380.00**

**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) Curtis Harris</p> <p>Mailing Address 221 NW 7th Ave</p> <p>City Dania State FL Zip Code 33004</p> <p>Purpose of Disbursement Per Diem</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> D344273</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="160.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Diamond Harris</p> <p>Mailing Address 7650 Pembroke Rd Apt 10</p> <p>City Miramar State FL Zip Code 33023-2568</p> <p>Purpose of Disbursement Per Diem</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> D344515</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="160.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Dorothy Harris</p> <p>Mailing Address 7650 Pembroke Rd Apt 10</p> <p>City Miramar State FL Zip Code 33023-2568</p> <p>Purpose of Disbursement Per Diem</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> D344517</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="160.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="480.00"/>
<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Eric Harris</p> <p>Mailing Address 817 NW 5th Ave</p> <p>City Hallandale Beach State FL Zip Code 33009-2247</p> <p>Purpose of Disbursement Per Diem</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> D344518 <b>Date of Disbursement</b> 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 960.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jarvis Harris</p> <p>Mailing Address 417 S Palm Circle</p> <p>City Pembroke Pines State FL Zip Code 33024</p> <p>Purpose of Disbursement Per Diem</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> D344519 <b>Date of Disbursement</b> 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 440.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Joann Harris</p> <p>Mailing Address 357 Phippen Waiters Rd</p> <p>City Dania State FL Zip Code 33004-4911</p> <p>Purpose of Disbursement Per Diem</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> D344521 <b>Date of Disbursement</b> 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 120.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1520.00
<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) Karen Harris	Transaction ID: D344524 Date of Disbursement 10 / 31 / 2010
	Mailing Address 817 NW 5th Ave	Amount of Each Disbursement this Period 160.00
	City Hallandale Beach State FL Zip Code 33009-2247	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Travis Harrison	Transaction ID: D344274 Date of Disbursement 10 / 23 / 2010
	Mailing Address 2111 Bay Blvd	Amount of Each Disbursement this Period 120.00
	City Indian Rocks Beach State FL Zip Code 33785	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Travis Harrison	Transaction ID: D344275 Date of Disbursement 10 / 17 / 2010
	Mailing Address 2111 Bay Blvd	Amount of Each Disbursement this Period 40.00
	City Indian Rocks Beach State FL Zip Code 33785	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) ..... ▶

320.00

**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) Travis Harrison</p> <p>Mailing Address 2111 Bay Blvd</p> <p>City Indian Rocks Beach State FL Zip Code 33785</p> <p>Purpose of Disbursement Per Diem</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> D344276 <b>Date of Disbursement</b> 10 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ersa Harvey</p> <p>Mailing Address 2414 Wiley Ct</p> <p>City Hollywood State FL Zip Code 33020-5854</p> <p>Purpose of Disbursement Per Diem</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> D344526 <b>Date of Disbursement</b> 11 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 760.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Chris Harvin</p> <p>Mailing Address 1017 Buchanan St</p> <p>City Hollywood State FL Zip Code 33019-1106</p> <p>Purpose of Disbursement Per Diem</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> D344527 <b>Date of Disbursement</b> 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>

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

**880.00**

**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) Sierra Hatcher	Transaction ID: D340137 Date of Disbursement 10 / 31 / 2010
	Mailing Address 401 NW 184th Terrace	Amount of Each Disbursement this Period 156.25
	City Miami State FL Zip Code 33169	
	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) Hatley-Olmstead, LLC	Transaction ID: D338575 Date of Disbursement 10 / 26 / 2010
	Mailing Address 14517 N 18th Ave.	Amount of Each Disbursement this Period 800.00
	City Tampa State FL Zip Code 33613	
	Purpose of Disbursement Admin Lease/Rent Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kim Hawkins	Transaction ID: D339275 Date of Disbursement 10 / 26 / 2010
	Mailing Address 231 Lorraine Court	Amount of Each Disbursement this Period 300.00
	City Tallahassee State FL Zip Code 32305	
	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) .....	▶	1256.25
<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) Kimberly Hawkins	Transaction ID: D340585 Date of Disbursement 11 / 02 / 2010
	Mailing Address 231 Lorraine Court	Amount of Each Disbursement this Period 450.00
	City Tallahassee State FL Zip Code 32305	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ms. Karen J. Hazlett	Transaction ID: D339991 Date of Disbursement 11 / 03 / 2010
	Mailing Address 1126 Palm Cir	Amount of Each Disbursement this Period 455.00
	City Jacksonville Beach State FL Zip Code 32250-3565	
	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) Ryan Hearn	Transaction ID: D339567 Date of Disbursement 10 / 30 / 2010
	Mailing Address 10937 NW 14th Street	Amount of Each Disbursement this Period 975.71
	City Pompano Beach State FL Zip Code 33071	
	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) .....	▶	1880.71
<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) Andre Heastie</p> <p>Mailing Address 702 Gardens Place</p> <p>City Pompano Beach State FL Zip Code 33069</p> <p>Purpose of Disbursement Per Diem</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> D344277</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="200.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Derek Helmick</p> <p>Mailing Address 3712 NW 49th Lane</p> <p>City Gainesville State FL Zip Code 32605</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D339493</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1154.37"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Derek Helmick</p> <p>Mailing Address 3712 NW 49th Lane</p> <p>City Gainesville State FL Zip Code 32605</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D341252</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1154.38"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="2508.75"/></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)

<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) Alphonso Henderson</p> <p>Mailing Address 2727 N Andrews Ave #121</p> <p>City Fort Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D344543</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="800.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mario Henderson</p> <p>Mailing Address 1348 Imperial Drive</p> <p>City Daytona Beach State FL Zip Code 32117</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D339328</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1037.56"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mario Henderson</p> <p>Mailing Address 1348 Imperial Drive</p> <p>City Daytona Beach State FL Zip Code 32117</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D340291</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="384.09"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2221.65"/>
<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) Mario Henderson</p> <p>Mailing Address 1348 Imperial Drive</p> <p>City Daytona Beach State FL Zip Code 32117</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D339645</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1037.55"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mario Henderson</p> <p>Mailing Address 1348 Imperial Drive</p> <p>City Daytona Beach State FL Zip Code 32117</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D332242</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="65.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Dessy Hernandez</p> <p>Mailing Address 8 SE 19th Ave Apt 1</p> <p>City Pompano Beach State FL Zip Code 33060-7550</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D339575</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1045.21"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="2147.76"/></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) Dessy Hernandez</p> <p>Mailing Address 8 SE 19th Ave Apt 1</p> <p>City Pompano Beach State FL Zip Code 33060-7550</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> D332217 <b>Date of Disbursement</b> 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 310.30</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Stephanie Herra</p> <p>Mailing Address 10133 NW 48th Drive</p> <p>City Pompano Beach State FL Zip Code 33076</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D340135 <b>Date of Disbursement</b> 10 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 362.50</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mara Herrera</p> <p>Mailing Address 8925 NW 32nd Ave</p> <p>City Miami State FL Zip Code 33147-3701</p> <p>Purpose of Disbursement Per Diem 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> D341007 <b>Date of Disbursement</b> 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>

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

752.80

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

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

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

FOR LINE NUMBER: (check only one)

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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) Mara Herrera	Transaction ID: D341008 Date of Disbursement 10 / 28 / 2010
	Mailing Address 8925 NW 32nd Ave	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33147-3701	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Mara Herrera	Transaction ID: D341009 Date of Disbursement 11 / 01 / 2010
	Mailing Address 8925 NW 32nd Ave	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33147-3701	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Mara Herrera	Transaction ID: D341010 Date of Disbursement 11 / 02 / 2010
	Mailing Address 8925 NW 32nd Ave	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33147-3701	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) ..... ▶

240.00

**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) Mara Herrera	Transaction ID: D341011 Date of Disbursement 10 / 26 / 2010
	Mailing Address 8925 NW 32nd Ave	
	City Miami State FL Zip Code 33147-3701	Amount of Each Disbursement this Period 80.00
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Mara Herrera	Transaction ID: D341012 Date of Disbursement 10 / 26 / 2010
	Mailing Address 8925 NW 32nd Ave	
	City Miami State FL Zip Code 33147-3701	Amount of Each Disbursement this Period 80.00
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Mara Herrera	Transaction ID: D341013 Date of Disbursement 10 / 26 / 2010
	Mailing Address 8925 NW 32nd Ave	
	City Miami State FL Zip Code 33147-3701	Amount of Each Disbursement this Period 80.00
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	240.00
<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) Omar Herrera	Transaction ID: D341002 Date of Disbursement 10 / 27 / 2010
	Mailing Address 8925 NW 32nd Ave	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33147-3701	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Omar Herrera	Transaction ID: D341003 Date of Disbursement 10 / 28 / 2010
	Mailing Address 8925 NW 32nd Ave	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33147-3701	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Omar Herrera	Transaction ID: D341004 Date of Disbursement 10 / 29 / 2010
	Mailing Address 8925 NW 32nd Ave	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33147-3701	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	240.00
<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) Omar Herrera	Transaction ID: D341005 Date of Disbursement 11 / 02 / 2010
	Mailing Address 8925 NW 32nd Ave	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33147-3701	
	Purpose of Disbursement Per Diem	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) Omar Herrera	Transaction ID: D341006 Date of Disbursement 10 / 27 / 2010
	Mailing Address 8925 NW 32nd Ave	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33147-3701	
	Purpose of Disbursement Per Diem	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) Carrie Hester-French	Transaction ID: D340607 Date of Disbursement 11 / 02 / 2010
	Mailing Address 18740 NW 19th Ave	Amount of Each Disbursement this Period 80.00
	City Miami Gardens State FL Zip Code 33056-2805	
	Purpose of Disbursement Per Diem	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

200.00

**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) Dawn Hesty	Transaction ID: D342276 Date of Disbursement 10 / 29 / 2010
	Mailing Address 2461 NW 154th St	Amount of Each Disbursement this Period 80.00
	City Opa Locka State FL Zip Code 33054-2744	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Dawn Hesty	Transaction ID: D342277 Date of Disbursement 10 / 31 / 2010
	Mailing Address 2461 NW 154th St	Amount of Each Disbursement this Period 80.00
	City Opa Locka State FL Zip Code 33054-2744	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Dawn Hesty	Transaction ID: D342278 Date of Disbursement 11 / 01 / 2010
	Mailing Address 2461 NW 154th St	Amount of Each Disbursement this Period 80.00
	City Opa Locka State FL Zip Code 33054-2744	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) ..... ▶

240.00

**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) Dawn Hesty</p> <p>Mailing Address 2461 NW 154th St</p> <p>City Opa Locka State FL Zip Code 33054-2744</p> <p>Purpose of Disbursement Per Diem</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> D342279 <b>Date of Disbursement</b> 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Denante Higgs</p> <p>Mailing Address 4951 NW 181 Terr</p> <p>City Opa Locka State FL Zip Code 33055</p> <p>Purpose of Disbursement Per Diem</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> D340572 <b>Date of Disbursement</b> 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Derrick Higgs</p> <p>Mailing Address 3 West Plz Apt 302</p> <p>City Miami State FL Zip Code 33147-4733</p> <p>Purpose of Disbursement Per Diem</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> D342336 <b>Date of Disbursement</b> 10 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	160.00
<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) Derrick Higgs	Transaction ID: D342335 Date of Disbursement 10 / 23 / 2010
	Mailing Address 3 West Plz Apt 302	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33147-4733	
	Purpose of Disbursement Per Diem	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) Torey Higgs	Transaction ID: D341137 Date of Disbursement 11 / 02 / 2010
	Mailing Address 1400 NW 75th St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33147-6442	
	Purpose of Disbursement Per Diem	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) Marshall High	Transaction ID: D333075 Date of Disbursement 10 / 18 / 2010
	Mailing Address 1702 N 14th Street	Amount of Each Disbursement this Period 1500.00
	City Tampa State FL Zip Code 33605	
	Purpose of Disbursement Consulting/Political	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1620.00

**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) Annie Hill	Transaction ID: D344279 Date of Disbursement 10 / 16 / 2010
	Mailing Address 601 SW 13th Street	Amount of Each Disbursement this Period 40.00
	City Belle Glade State FL Zip Code 33430	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Annie Hill	Transaction ID: D344280 Date of Disbursement 10 / 17 / 2010
	Mailing Address 601 SW 13th Street	Amount of Each Disbursement this Period 40.00
	City Belle Glade State FL Zip Code 33430	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Annie Hill	Transaction ID: D344281 Date of Disbursement 10 / 18 / 2010
	Mailing Address 601 SW 13th Street	Amount of Each Disbursement this Period 80.00
	City Belle Glade State FL Zip Code 33430	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) ..... ▶

160.00

**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) Michael Hoffman  Mailing Address 4785 Riverwood Circle  City Sarasota State FL Zip Code 34231  Purpose of Disbursement Auto Travel Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D343617 Date of Disbursement 10 / 15 / 2010  Amount of Each Disbursement this Period 75.00  Category/Type
B.	Full Name (Last, First, Middle Initial) Hoosiers For Jill Long Thompson  Mailing Address 804 N Delaware St  City Indianapolis State IN Zip Code 46204-1127  Purpose of Disbursement Contribution Refund 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: D339908 Date of Disbursement 10 / 27 / 2010  Amount of Each Disbursement this Period 1000.00  Category/Type
C.	Full Name (Last, First, Middle Initial) Patricia Hopkins  Mailing Address 3833 SW 26th St  City West Park State FL Zip Code 33023-4413  Purpose of Disbursement Per Diem 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: D344530 Date of Disbursement 11 / 02 / 2010  Amount of Each Disbursement this Period 960.00  Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2035.00
<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) Krystal Houston</p> <p>Mailing Address 3000 South Adams St. Apt 831</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> D340581 <b>Date of Disbursement:</b> 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 180.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Krystal Houston</p> <p>Mailing Address 3000 South Adams St. Apt 831</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> D339207 <b>Date of Disbursement:</b> 10 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 180.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Julie Howard</p> <p>Mailing Address 2230 NW 7th Street</p> <p>City Fort Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem 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> D344282 <b>Date of Disbursement:</b> 10 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>

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

**400.00**

**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

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) Julie Howard	Transaction ID: D344283 Date of Disbursement 10 / 18 / 2010
	Mailing Address 2230 NW 7th Street	Amount of Each Disbursement this Period 40.00
	City Fort Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Julie Howard	Transaction ID: D344284 Date of Disbursement 10 / 16 / 2010
	Mailing Address 2230 NW 7th Street	Amount of Each Disbursement this Period 40.00
	City Fort Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Julie Howard	Transaction ID: D344285 Date of Disbursement 10 / 20 / 2010
	Mailing Address 2230 NW 7th Street	Amount of Each Disbursement this Period 400.00
	City Fort Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	▶	480.00
<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) Nina Howard	Transaction ID: D341473 Date of Disbursement 10 / 30 / 2010
	Mailing Address 6480 NW 6th Ave Apt 2	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33150-4374	
	Purpose of Disbursement Per Diem	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) Nina Howard	Transaction ID: D341474 Date of Disbursement 10 / 31 / 2010
	Mailing Address 6480 NW 6th Ave Apt 2	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33150-4374	
	Purpose of Disbursement Per Diem	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) Nina Howard	Transaction ID: D341475 Date of Disbursement 11 / 01 / 2010
	Mailing Address 6480 NW 6th Ave Apt 2	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33150-4374	
	Purpose of Disbursement Per Diem	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) .....	▶	240.00
<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) Nina Howard	Transaction ID: D341476 Date of Disbursement 11 / 02 / 2010
	Mailing Address 6480 NW 6th Ave Apt 2	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33150-4374	
	Purpose of Disbursement Per Diem	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Andrea D Huerfano	Transaction ID: D339532 Date of Disbursement 10 / 30 / 2010
	Mailing Address 2949 Riverside Drivr, Apt 227	Amount of Each Disbursement this Period 973.40
	City Pompano Beach State FL Zip Code 33065	
	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) Tavia Huggins	Transaction ID: D339557 Date of Disbursement 10 / 30 / 2010
	Mailing Address 2425 Mission Road, Apt 506	Amount of Each Disbursement this Period 284.92
	City Tallahassee State FL Zip Code 32304	
	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) .....	▶	1338.32
<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) Tavia Huggins	Transaction ID: D340542 Date of Disbursement 11 / 02 / 2010
	Mailing Address 2425 Mission Road, Apt 506	Amount of Each Disbursement this Period 450.00
	City Tallahassee State FL Zip Code 32304	
	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) Decimus Hugues	Transaction ID: D344286 Date of Disbursement 10 / 30 / 2010
	Mailing Address 301 W 21st Street	Amount of Each Disbursement this Period 40.00
	City West Palm Beach State FL Zip Code 33404	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Jarius Humphrey	Transaction ID: D340543 Date of Disbursement 11 / 02 / 2010
	Mailing Address 1001 Ocala Road Apt 371	Amount of Each Disbursement this Period 510.00
	City Tallahassee State FL Zip Code 32304	
	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) .....	▶	1000.00
<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) Jarius Humphrey	Transaction ID: D339300 Date of Disbursement 10 / 26 / 2010
	Mailing Address 1001 Ocala Road Apt 371	Amount of Each Disbursement this Period 240.00
	City Tallahassee State FL Zip Code 32304	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Anthony Hunter	Transaction ID: D341506 Date of Disbursement 11 / 01 / 2010
	Mailing Address 5402 NW 190th St	Amount of Each Disbursement this Period 80.00
	City Opa Locka State FL Zip Code 33055	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Anthony Hunter	Transaction ID: D341507 Date of Disbursement 11 / 02 / 2010
	Mailing Address 5402 NW 190th St	Amount of Each Disbursement this Period 80.00
	City Opa Locka State FL Zip Code 33055	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	▶	400.00
<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) Anthony Hunter</p> <p>Mailing Address 5402 NW 190th St</p> <p>City Opa Locka State FL Zip Code 33055</p> <p>Purpose of Disbursement Per Diem</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> D341508</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Anthony Hunter</p> <p>Mailing Address 5402 NW 190th St</p> <p>City Opa Locka State FL Zip Code 33055</p> <p>Purpose of Disbursement Per Diem</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> D341509</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Anthony Hunter</p> <p>Mailing Address 5402 NW 190th St</p> <p>City Opa Locka State FL Zip Code 33055</p> <p>Purpose of Disbursement Per Diem</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> D341510</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="200.00"/>
<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Anthony Hunter</p> <p>Mailing Address 5402 NW 190th St</p> <p>City Opa Locka State FL Zip Code 33055</p> <p>Purpose of Disbursement Per Diem</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> D341511</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Anthony Hunter</p> <p>Mailing Address 5402 NW 190th St</p> <p>City Opa Locka State FL Zip Code 33055</p> <p>Purpose of Disbursement Per Diem</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> D341512</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Anthony Hunter</p> <p>Mailing Address 5402 NW 190th St</p> <p>City Opa Locka State FL Zip Code 33055</p> <p>Purpose of Disbursement Per Diem</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> D341513</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>

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

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

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

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

FOR LINE NUMBER: (check only one)

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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) Anthony Hunter</p> <p>Mailing Address 5402 NW 190th St</p> <p>City Opa Locka State FL Zip Code 33055</p> <p>Purpose of Disbursement Per Diem</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> D341514</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Anthony Hunter</p> <p>Mailing Address 5402 NW 190th St</p> <p>City Opa Locka State FL Zip Code 33055</p> <p>Purpose of Disbursement Per Diem</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> D341515</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Anthony Hunter</p> <p>Mailing Address 5402 NW 190th St</p> <p>City Opa Locka State FL Zip Code 33055</p> <p>Purpose of Disbursement Per Diem</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> D341516</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="120.00"/>
<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

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) Cheryl Hylton	Transaction ID: D344287 Date of Disbursement
	Mailing Address 4557 NW 3rd Street	<input type="text" value="10"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Fort Lauderdale State FL Zip Code 33317	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="40.00"/>
	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) Cheryl Hylton	Transaction ID: D344288 Date of Disbursement
	Mailing Address 4557 NW 3rd Street	<input type="text" value="10"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Fort Lauderdale State FL Zip Code 33317	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="80.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Image Plus Graphics, Inc.	Transaction ID: D334386 Date of Disbursement
	Mailing Address 1440 NE 31st Street	<input type="text" value="10"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City North Miami Beach State FL Zip Code 33160	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail	<input type="text" value="15088.41"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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="15208.41"/>
<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) Image Plus Graphics, Inc.	Transaction ID: D338432 Date of Disbursement 10 / 21 / 2010
	Mailing Address 1440 NE 31st Street	Amount of Each Disbursement this Period 1169.84
	City North Miami Beach State FL Zip Code 33160	
	Purpose of Disbursement Direct Mail	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) Image Plus Graphics, Inc.	Transaction ID: D332255 Date of Disbursement 10 / 14 / 2010
	Mailing Address 1440 NE 31st Street	Amount of Each Disbursement this Period 14552.74
	City North Miami Beach State FL Zip Code 33160	
	Purpose of Disbursement Direct Mail	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) Image Plus Graphics, Inc.	Transaction ID: D333074 Date of Disbursement 10 / 18 / 2010
	Mailing Address 1440 NE 31st Street	Amount of Each Disbursement this Period 334.48
	City North Miami Beach State FL Zip Code 33160	
	Purpose of Disbursement Direct Mail	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) .....	▶	16057.06
<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Image Plus Graphics, Inc.</p> <p>Mailing Address 1440 NE 31st Street</p> <p>City North Miami Beach State FL Zip Code 33160</p> <p>Purpose of Disbursement Direct Mail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D338543</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="56160.92"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Image Plus Graphics, Inc.</p> <p>Mailing Address 1440 NE 31st Street</p> <p>City North Miami Beach State FL Zip Code 33160</p> <p>Purpose of Disbursement Direct Mail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D338545</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="590.06"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Image Plus Graphics, Inc.</p> <p>Mailing Address 1440 NE 31st Street</p> <p>City North Miami Beach State FL Zip Code 33160</p> <p>Purpose of Disbursement Direct Mail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D340649</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4274.67"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="61025.65"/>
<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Image Plus Graphics, Inc.</p> <p>Mailing Address 1440 NE 31st Street</p> <p>City North Miami Beach State FL Zip Code 33160</p> <p>Purpose of Disbursement Direct Mail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D334365 <b>Date of Disbursement</b> 10 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 56160.92</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Image Plus Graphics, Inc.</p> <p>Mailing Address 1440 NE 31st Street</p> <p>City North Miami Beach State FL Zip Code 33160</p> <p>Purpose of Disbursement Direct Mail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D334366 <b>Date of Disbursement</b> 10 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 6313.36</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Beverly Ingram</p> <p>Mailing Address 2440 NW 16th Street</p> <p>City Fort Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D344289 <b>Date of Disbursement</b> 10 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>

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

62514.28

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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) Kendal Irvin Mailing Address 3206 NW 43rd Place City Fort Lauderdale State FL Zip Code 33309 Purpose of Disbursement Per Diem 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: D344290 Date of Disbursement 10 / 30 / 2010	Amount of Each Disbursement this Period 320.00
B.	Full Name (Last, First, Middle Initial) Theresa Irvin Mailing Address 3206 NW 43rd Place City Fort Lauderdale State FL Zip Code 33309 Purpose of Disbursement Per Diem 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: D344291 Date of Disbursement 10 / 25 / 2010	Amount of Each Disbursement this Period 40.00
C.	Full Name (Last, First, Middle Initial) William Ison Mailing Address 415 NW 60th Way Apt 1 City Hollywood State FL Zip Code 33024-7901 Purpose of Disbursement Per Diem 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: D344532 Date of Disbursement 11 / 02 / 2010	Amount of Each Disbursement this Period 960.00

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

1320.00

**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) Sidney Issac	Transaction ID: D339568 Date of Disbursement 10 / 30 / 2010
	Mailing Address 6876 Sugarloaf Key Street	Amount of Each Disbursement this Period 493.87
	City Lake Worth State FL Zip Code 33467	
	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) Carl Jackson	Transaction ID: D339265 Date of Disbursement 10 / 26 / 2010
	Mailing Address 1015 North Birmingham Street	Amount of Each Disbursement this Period 255.00
	City Tallahassee State FL Zip Code 32304	
	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) Carl Jackson	Transaction ID: D340558 Date of Disbursement 11 / 02 / 2010
	Mailing Address 1015 North Birmingham Street	Amount of Each Disbursement this Period 445.00
	City Tallahassee State FL Zip Code 32304	
	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) .....	▶	1193.87
<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) Jabari Jackson	Transaction ID: D344292
	Mailing Address 108 W 32nd Terrace	Date of Disbursement 10 / 18 / 2010
	City West Palm Beach State FL Zip Code 33404	Amount of Each Disbursement this Period 40.00
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Jabari Jackson	Transaction ID: D344293
	Mailing Address 108 W 32nd Terrace	Date of Disbursement 10 / 18 / 2010
	City West Palm Beach State FL Zip Code 33404	Amount of Each Disbursement this Period 800.00
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Jevon Jackson	Transaction ID: D344539
	Mailing Address 4437 SW 24th St	Date of Disbursement 10 / 24 / 2010
	City West Park State FL Zip Code 33023-3349	Amount of Each Disbursement this Period 120.00
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	▶	960.00
<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) Tyrone Jackson	Transaction ID: D342299 Date of Disbursement 11 / 02 / 2010
	Mailing Address 1920 Island Dr	Amount of Each Disbursement this Period 40.00
	City Miramar State FL Zip Code 33023-2404	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Tyrone Jackson	Transaction ID: D342300 Date of Disbursement 11 / 02 / 2010
	Mailing Address 1920 Island Dr	Amount of Each Disbursement this Period 40.00
	City Miramar State FL Zip Code 33023-2404	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Wendell Jackson	Transaction ID: D342348 Date of Disbursement 10 / 30 / 2010
	Mailing Address 477 NE 154th St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33162-5025	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	▶	160.00
<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

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) Wendell Jackson	Transaction ID: D342349 Date of Disbursement 10 / 31 / 2010
	Mailing Address 477 NE 154th St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33162-5025	
	Purpose of Disbursement Per Diem	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) Wendell Jackson	Transaction ID: D342350 Date of Disbursement 11 / 01 / 2010
	Mailing Address 477 NE 154th St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33162-5025	
	Purpose of Disbursement Per Diem	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) Wendell Jackson	Transaction ID: D342351 Date of Disbursement 10 / 23 / 2010
	Mailing Address 477 NE 154th St	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33162-5025	
	Purpose of Disbursement Per Diem	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) .....	200.00
<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) Wendell Jackson	Transaction ID: D342352 Date of Disbursement 10 / 23 / 2010
	Mailing Address 477 NE 154th St	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33162-5025	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Keith Jacobs	Transaction ID: D342273 Date of Disbursement 10 / 31 / 2010
	Mailing Address 2070 Wilmington St	Amount of Each Disbursement this Period 80.00
	City Opa Locka State FL Zip Code 33054-3764	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Keith Jacobs	Transaction ID: D342274 Date of Disbursement 11 / 01 / 2010
	Mailing Address 2070 Wilmington St	Amount of Each Disbursement this Period 80.00
	City Opa Locka State FL Zip Code 33054-3764	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	200.00
<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

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) Keith Jacobs</p> <p>Mailing Address 2070 Wilmington St</p> <p>City Opa Locka State FL Zip Code 33054-3764</p> <p>Purpose of Disbursement Per Diem</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> D342275</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Emmanuella Jacques</p> <p>Mailing Address 22490 SW 66th Ave</p> <p>City Boca Raton State FL Zip Code 33428</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D340134</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="175.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jean Simon Jean Simon Jean Jacques</p> <p>Mailing Address 13300 NE 6th Ave 205</p> <p>City North Miami State FL Zip Code 33161-4041</p> <p>Purpose of Disbursement Per Diem</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> D340970</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="335.00"/>
<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

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) Jean Simon Jean Simon Jean Jacques</p> <p>Mailing Address 13300 NE 6th Ave 205</p> <p>City North Miami State FL Zip Code 33161-4041</p> <p>Purpose of Disbursement Per Diem</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> D340971 <b>Date of Disbursement</b> 10 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jean Simon Jean Simon Jean Jacques</p> <p>Mailing Address 13300 NE 6th Ave 205</p> <p>City North Miami State FL Zip Code 33161-4041</p> <p>Purpose of Disbursement Per Diem</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> D340972 <b>Date of Disbursement</b> 10 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jean Simon Jean Simon Jean Jacques</p> <p>Mailing Address 13300 NE 6th Ave 205</p> <p>City North Miami State FL Zip Code 33161-4041</p> <p>Purpose of Disbursement Per Diem</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> D340973 <b>Date of Disbursement</b> 10 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	120.00
<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) Jean Simon Jean Simon Jean Jacques	Transaction ID: D340974 Date of Disbursement 10 / 24 / 2010
	Mailing Address 13300 NE 6th Ave 205	Amount of Each Disbursement this Period 40.00
	City North Miami State FL Zip Code 33161-4041	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Jean Simon Jean Simon Jean Jacques	Transaction ID: D340975 Date of Disbursement 10 / 25 / 2010
	Mailing Address 13300 NE 6th Ave 205	Amount of Each Disbursement this Period 40.00
	City North Miami State FL Zip Code 33161-4041	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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 Simon Jean Simon Jean Jacques	Transaction ID: D340976 Date of Disbursement 10 / 25 / 2010
	Mailing Address 13300 NE 6th Ave 205	Amount of Each Disbursement this Period 40.00
	City North Miami State FL Zip Code 33161-4041	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	▶	120.00
<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) Corey James	Transaction ID: D344294 Date of Disbursement 10 / 21 / 2010
	Mailing Address 2204 NW 15th Ave Apt 1	Amount of Each Disbursement this Period 40.00
	City Fort Lauderdale State FL Zip Code 33313	
	Purpose of Disbursement Per Diem	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) Julian James	Transaction ID: D340133 Date of Disbursement 10 / 31 / 2010
	Mailing Address 8360 NW 46th Street	Amount of Each Disbursement this Period 1118.75
	City Fort Lauderdale State FL Zip Code 33313	
	Purpose of Disbursement Salary	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) Carolyn Jampel	Transaction ID: D339509 Date of Disbursement 10 / 30 / 2010
	Mailing Address 528 N Palmway	Amount of Each Disbursement this Period 646.45
	City Lake Worth State FL Zip Code 33460	
	Purpose of Disbursement Salary	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) .....	1805.20
<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) David Jampel	Transaction ID: D339508 Date of Disbursement 10 / 30 / 2010
	Mailing Address 528 N Palmway	Amount of Each Disbursement this Period 646.45
	City Lake Worth State FL Zip Code 33460	
	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) Syndia Jean	Transaction ID: D340576 Date of Disbursement 11 / 01 / 2010
	Mailing Address 16851 NE 3rd Ave	Amount of Each Disbursement this Period 80.00
	City North Miami Beach State FL Zip Code 33162-2307	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Syndia Jean	Transaction ID: D340577 Date of Disbursement 11 / 02 / 2010
	Mailing Address 16851 NE 3rd Ave	Amount of Each Disbursement this Period 80.00
	City North Miami Beach State FL Zip Code 33162-2307	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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>806.45</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) Syndia Jean</p> <p>Mailing Address 16851 NE 3rd Ave</p> <p>City North Miami Beach State FL Zip Code 33162-2307</p> <p>Purpose of Disbursement Per Diem</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> D340578</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="80.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Syndia Jean</p> <p>Mailing Address 16851 NE 3rd Ave</p> <p>City North Miami Beach State FL Zip Code 33162-2307</p> <p>Purpose of Disbursement Per Diem</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> D340579</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="80.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Syndia Jean</p> <p>Mailing Address 16851 NE 3rd Ave</p> <p>City North Miami Beach State FL Zip Code 33162-2307</p> <p>Purpose of Disbursement Per Diem</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> D340580</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="80.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="240.00"/>
<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) Syndia Jean	Transaction ID: D340583 Date of Disbursement 10 / 30 / 2010
	Mailing Address 16851 NE 3rd Ave	Amount of Each Disbursement this Period 80.00
	City North Miami Beach State FL Zip Code 33162-2307	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Syndia Jean	Transaction ID: D340584 Date of Disbursement 10 / 31 / 2010
	Mailing Address 16851 NE 3rd Ave	Amount of Each Disbursement this Period 80.00
	City North Miami Beach State FL Zip Code 33162-2307	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Wally Jean	Transaction ID: D344295 Date of Disbursement 10 / 18 / 2010
	Mailing Address 5841 NW 61st Ave Apt 112	Amount of Each Disbursement this Period 40.00
	City Fort Lauderdale State FL Zip Code 33319	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	200.00
<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

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) Wally Jean	Transaction ID: D344296 Date of Disbursement 10 / 24 / 2010
	Mailing Address 5841 NW 61st Ave Apt 112	Amount of Each Disbursement this Period 80.00
	City Fort Lauderdale State FL Zip Code 33319	
	Purpose of Disbursement Per Diem	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) Jennifer Jean-Jules	Transaction ID: D342353 Date of Disbursement 10 / 23 / 2010
	Mailing Address 25 NW 48th St	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33127-2415	
	Purpose of Disbursement Per Diem	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) Cindy Jeanbaptiste	Transaction ID: D334419 Date of Disbursement 10 / 25 / 2010
	Mailing Address 2421 Jackson Bluff Rd, Apt 611D	Amount of Each Disbursement this Period 120.00
	City Tallahassee State FL Zip Code 32304	
	Purpose of Disbursement Salary	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) .....	240.00
<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) St. Clair Jeffers</p> <p>Mailing Address 2638 Bywood Rd</p> <p>City Jacksonville State FL Zip Code 32211</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D339931</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="520.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Emanuel Jefferson</p> <p>Mailing Address 540 NW 4th Ave, Apt 1608</p> <p>City Fort Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D344528</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="640.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jeliany's Hot Dog Cart</p> <p>Mailing Address 1322 Ashinton Pt Drive</p> <p>City Orlando State FL Zip Code 32824</p> <p>Purpose of Disbursement Catering</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> D341201</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="724.00"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="1884.00"/></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)

<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) Bruce Jenkins  Mailing Address 1061 NW 185th Dr  City Miami State FL Zip Code 33169-3838  Purpose of Disbursement Per Diem 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>Transaction ID:</b> D342255 <b>Date of Disbursement</b> 10 / 30 / 2010	Amount of Each Disbursement this Period 80.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Bruce Jenkins  Mailing Address 1061 NW 185th Dr  City Miami State FL Zip Code 33169-3838  Purpose of Disbursement Per Diem 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>Transaction ID:</b> D342256 <b>Date of Disbursement</b> 10 / 31 / 2010	Amount of Each Disbursement this Period 80.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Bruce Jenkins  Mailing Address 1061 NW 185th Dr  City Miami State FL Zip Code 33169-3838  Purpose of Disbursement Per Diem 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>Transaction ID:</b> D342257 <b>Date of Disbursement</b> 11 / 01 / 2010	Amount of Each Disbursement this Period 80.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>240.00</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)

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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) Bruce Jenkins</p> <p>Mailing Address 1061 NW 185th Dr</p> <p>City Miami State FL Zip Code 33169-3838</p> <p>Purpose of Disbursement Per Diem</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> D342258</p> <p>Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Erin Jensen</p> <p>Mailing Address 517 Belle Isle Avenue</p> <p>City Belleair Beach State FL Zip Code 33786</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D338446</p> <p>Date of Disbursement 10 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Erin Jensen</p> <p>Mailing Address 517 Belle Isle Avenue</p> <p>City Belleair Beach State FL Zip Code 33786</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D339609</p> <p>Date of Disbursement 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1037.56</p>

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

1182.56

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

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

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

FOR LINE NUMBER:  
(check only one)

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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) Erin Jensen	Transaction ID: D340269 Date of Disbursement 11 / 08 / 2010
	Mailing Address 517 Belle Isle Avenue	Amount of Each Disbursement this Period 384.08
	City Belleair Beach State FL Zip Code 33786	
	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) Erin Jensen	Transaction ID: D339390 Date of Disbursement 10 / 15 / 2010
	Mailing Address 517 Belle Isle Avenue	Amount of Each Disbursement this Period 1037.55
	City Belleair Beach State FL Zip Code 33786	
	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) Freya Jester	Transaction ID: D340132 Date of Disbursement 10 / 31 / 2010
	Mailing Address 4272 NW 120th Way	Amount of Each Disbursement this Period 287.50
	City Fort Lauderdale State FL Zip Code 33323	
	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) .....	1709.13
<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) Maria Jimenez</p> <p>Mailing Address 9109 SW 21st Apt B</p> <p>City Boca Raton State FL Zip Code 33428</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D340130</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="12.50"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Brenda Johnson</p> <p>Mailing Address 19101 NW Sunshine State Pkwy East</p> <p>City Miami State FL Zip Code 33169</p> <p>Purpose of Disbursement Per Diem</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> D342284</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Brenda Johnson</p> <p>Mailing Address 19101 NW Sunshine State Pkwy East</p> <p>City Miami State FL Zip Code 33169</p> <p>Purpose of Disbursement Per Diem</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> D342285</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="172.50"/>
<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) Brenda Johnson	Transaction ID: D342286 Date of Disbursement 11 / 01 / 2010
	Mailing Address 19101 NW Sunshine State Pkwy East	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33169	
	Purpose of Disbursement Per Diem	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) Brenda Johnson	Transaction ID: D342287 Date of Disbursement 11 / 02 / 2010
	Mailing Address 19101 NW Sunshine State Pkwy East	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33169	
	Purpose of Disbursement Per Diem	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) Brenda Johnson	Transaction ID: D342288 Date of Disbursement 11 / 02 / 2010
	Mailing Address 19101 NW Sunshine State Pkwy East	Amount of Each Disbursement this Period 10.00
	City Miami State FL Zip Code 33169	
	Purpose of Disbursement Per Diem	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) .....	170.00
<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) Brittany Johnson	Transaction ID: D344542 Date of Disbursement 10 / 28 / 2010
	Mailing Address 4710 SW 25th St	Amount of Each Disbursement this Period 240.00
	City West Park State FL Zip Code 33023-4308	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Dajuan Johnson	Transaction ID: D344297 Date of Disbursement 10 / 17 / 2010
	Mailing Address 2600 NW 8th Place Bldg 23-2	Amount of Each Disbursement this Period 40.00
	City Fort Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Dajuan Johnson	Transaction ID: D344298 Date of Disbursement 10 / 23 / 2010
	Mailing Address 2600 NW 8th Place Bldg 23-2	Amount of Each Disbursement this Period 320.00
	City Fort Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	600.00
<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) Darrell Johnson</p> <p>Mailing Address 1258 W 20th Street</p> <p>City Jacksonville State FL Zip Code 32209</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D340506</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="455.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Darvin Johnson</p> <p>Mailing Address 871 NE 209th Ter 205</p> <p>City Miami State FL Zip Code 33179-1275</p> <p>Purpose of Disbursement Per Diem</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> D342083</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Darvin Johnson</p> <p>Mailing Address 871 NE 209th Ter 205</p> <p>City Miami State FL Zip Code 33179-1275</p> <p>Purpose of Disbursement Per Diem</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> D342084</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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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) Darvin Johnson	Transaction ID: D342085 Date of Disbursement 11 / 02 / 2010
	Mailing Address 871 NE 209th Ter 205	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33179-1275	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Darvin Johnson	Transaction ID: D342086 Date of Disbursement 11 / 02 / 2010
	Mailing Address 1146 NW 103rd St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33150-1038	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Edward Johnson	Transaction ID: D340573 Date of Disbursement 11 / 02 / 2010
	Mailing Address 1416 NW 1 Ct	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33136	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	200.00
<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

<b>A.</b> Full Name (Last, First, Middle Initial) Miah Johnson <hr/> Mailing Address 8400 N Sherman Cir <hr/> City Miramar State FL Zip Code 33025-5114 <hr/> Purpose of Disbursement Per Diem 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: D340246 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 80.00
	Category/Type
	State: District:
<b>B.</b> Full Name (Last, First, Middle Initial) Miah Johnson <hr/> Mailing Address 8400 N Sherman Cir <hr/> City Miramar State FL Zip Code 33025-5114 <hr/> Purpose of Disbursement Per Diem 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: D340247 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 80.00
	Category/Type
	State: District:
<b>C.</b> Full Name (Last, First, Middle Initial) Miah Johnson <hr/> Mailing Address 8400 N Sherman Cir <hr/> City Miramar State FL Zip Code 33025-5114 <hr/> Purpose of Disbursement Per Diem 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: D340250 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 80.00
	Category/Type
	State: District:

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	240.00
<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

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) Miah Johnson	Transaction ID: D340252 Date of Disbursement 11 / 02 / 2010
	Mailing Address 8400 N Sherman Cir	Amount of Each Disbursement this Period 80.00
	City Miramar State FL Zip Code 33025-5114	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Nakisha Johnson	Transaction ID: D344546 Date of Disbursement 10 / 30 / 2010
	Mailing Address 1017 Buchanan St	Amount of Each Disbursement this Period 280.00
	City Hollywood State FL Zip Code 33019-1106	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Samuel Johnson	Transaction ID: D344299 Date of Disbursement 10 / 16 / 2010
	Mailing Address 2131 NW 7th Street	Amount of Each Disbursement this Period 40.00
	City Fort Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	▶	400.00
<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) Samuel Johnson	Transaction ID: D344300 Date of Disbursement 10 / 16 / 2010
	Mailing Address 2131 NW 7th Street	Amount of Each Disbursement this Period 40.00
	City Fort Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Samuel Johnson	Transaction ID: D344301 Date of Disbursement 10 / 17 / 2010
	Mailing Address 2131 NW 7th Street	Amount of Each Disbursement this Period 40.00
	City Fort Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Samuel Johnson	Transaction ID: D344302 Date of Disbursement 10 / 17 / 2010
	Mailing Address 2131 NW 7th Street	Amount of Each Disbursement this Period 40.00
	City Fort Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	▶	120.00
<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) Samuel Johnson	Transaction ID: D344303 Date of Disbursement 10 / 18 / 2010
	Mailing Address 2131 NW 7th Street	Amount of Each Disbursement this Period 40.00
	City Fort Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Samuel Johnson	Transaction ID: D344304 Date of Disbursement 10 / 20 / 2010
	Mailing Address 2131 NW 7th Street	Amount of Each Disbursement this Period 200.00
	City Fort Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Whitney Johnson	Transaction ID: D344548 Date of Disbursement 10 / 24 / 2010
	Mailing Address 601 SW 14th Ter	Amount of Each Disbursement this Period 40.00
	City Fort Lauderdale State FL Zip Code 33312-7201	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) ..... ▶

280.00

**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) Yasmine Johnson</p> <p>Mailing Address 3310 NW 174th St</p> <p>City Miami Gardens State FL Zip Code 33056-4251</p> <p>Purpose of Disbursement Per Diem</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> D340294</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Yasmine Johnson</p> <p>Mailing Address 3310 NW 174th St</p> <p>City Miami Gardens State FL Zip Code 33056-4251</p> <p>Purpose of Disbursement Per Diem</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> D340297</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Yasmine Johnson</p> <p>Mailing Address 3310 NW 174th St</p> <p>City Miami Gardens State FL Zip Code 33056-4251</p> <p>Purpose of Disbursement Per Diem</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> D340299</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="240.00"/></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

A.	Full Name (Last, First, Middle Initial) Yasmine Johnson	Transaction ID: D340302 Date of Disbursement 11 / 02 / 2010
	Mailing Address 3310 NW 174th St	Amount of Each Disbursement this Period 80.00
	City Miami Gardens State FL Zip Code 33056-4251	
	Purpose of Disbursement Per Diem	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) Alexander Jones	Transaction ID: D344305 Date of Disbursement 10 / 17 / 2010
	Mailing Address 4577 NW 41st	Amount of Each Disbursement this Period 40.00
	City Fort Lauderdale State FL Zip Code 33319	
	Purpose of Disbursement Per Diem	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) Alexander Jones	Transaction ID: D344306 Date of Disbursement 10 / 18 / 2010
	Mailing Address 4577 NW 41st	Amount of Each Disbursement this Period 40.00
	City Fort Lauderdale State FL Zip Code 33319	
	Purpose of Disbursement Per Diem	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) .....	▶	160.00
<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) Alexander Jones	Transaction ID: D344307 Date of Disbursement
	Mailing Address 4577 NW 41st	<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Fort Lauderdale State FL Zip Code 33319	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="400.00"/>
	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) Atavia Jones	Transaction ID: D344551 Date of Disbursement
	Mailing Address 20431 NW 17th Ave Bldg 12 201	<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City Miami Gardens State FL Zip Code 33056-5027	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="40.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Carolyn Jones	Transaction ID: D344308 Date of Disbursement
	Mailing Address 5414 NW 16th Court	<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City Fort Lauderdale State FL Zip Code 33313	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="40.00"/>
	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="480.00"/>
<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

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) Carolyn Jones</p> <p>Mailing Address 5414 NW 16th Court</p> <p>City Fort Lauderdale State FL Zip Code 33313</p> <p>Purpose of Disbursement Per Diem</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> D344309 <b>Date of Disbursement</b> 10 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Carolyn Jones</p> <p>Mailing Address 5414 NW 16th Court</p> <p>City Fort Lauderdale State FL Zip Code 33313</p> <p>Purpose of Disbursement Per Diem</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> D344310 <b>Date of Disbursement</b> 10 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 880.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Corey Jones</p> <p>Mailing Address 1428 NW 24 Terrace</p> <p>City Fort Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D344311 <b>Date of Disbursement</b> 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1000.00
<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) Felicia Jones	Transaction ID: D340503 Date of Disbursement 11 / 03 / 2010
	Mailing Address 9228 Cindy Circle	Amount of Each Disbursement this Period 455.00
	City Jacksonville State FL Zip Code 32221	
	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) Jessica Jones	Transaction ID: D344312 Date of Disbursement 10 / 16 / 2010
	Mailing Address 4040 NW 19th Street, E1102	Amount of Each Disbursement this Period 40.00
	City Fort Lauderdale State FL Zip Code 33313	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Jessica Jones	Transaction ID: D344313 Date of Disbursement 10 / 18 / 2010
	Mailing Address 4040 NW 19th Street, E1102	Amount of Each Disbursement this Period 40.00
	City Fort Lauderdale State FL Zip Code 33313	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	535.00
<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) Jessica Jones	Transaction ID: D344314 Date of Disbursement 10 / 18 / 2010
	Mailing Address 4040 NW 19th Street, E1102	Amount of Each Disbursement this Period 40.00
	City Fort Lauderdale State FL Zip Code 33313	
	Purpose of Disbursement Per Diem	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) Jessica Jones	Transaction ID: D344315 Date of Disbursement 10 / 19 / 2010
	Mailing Address 4040 NW 19th Street, E1102	Amount of Each Disbursement this Period 560.00
	City Fort Lauderdale State FL Zip Code 33313	
	Purpose of Disbursement Per Diem	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) John Jones	Transaction ID: D340502 Date of Disbursement 11 / 03 / 2010
	Mailing Address 4320 Sunbeam Road Apt. 524	Amount of Each Disbursement this Period 455.00
	City Jacksonville State FL Zip Code 32257	
	Purpose of Disbursement Salary	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) .....	1055.00
<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) John Jones	Transaction ID: D343619 Date of Disbursement 10 / 18 / 2010
	Mailing Address 4320 Sunbeam Road Apt. 524	Amount of Each Disbursement this Period 75.00
	City Jacksonville State FL Zip Code 32257	
	Purpose of Disbursement Auto Travel	
	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) Linda Jones	Transaction ID: D340209 Date of Disbursement 10 / 27 / 2010
	Mailing Address 529 NW 19th St	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33136-1252	
	Purpose of Disbursement Per Diem	
	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) Linda Jones	Transaction ID: D340210 Date of Disbursement 10 / 30 / 2010
	Mailing Address 529 NW 19th St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33136-1252	
	Purpose of Disbursement Per Diem	
	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) .....	▶	195.00
<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) Linda Jones	Transaction ID: D340211 Date of Disbursement 11 / 01 / 2010
	Mailing Address 529 NW 19th St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33136-1252	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Linda Jones	Transaction ID: D340212 Date of Disbursement 11 / 02 / 2010
	Mailing Address 529 NW 19th St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33136-1252	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Linda Jones	Transaction ID: D340213 Date of Disbursement 10 / 31 / 2010
	Mailing Address 529 NW 19th St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33136-1252	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	240.00
<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) Loraine Jones</p> <p>Mailing Address 1812 SW 11th Ct, Apt 3</p> <p>City Fort Lauderdale State FL Zip Code 33312</p> <p>Purpose of Disbursement Per Diem</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> D344317</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Loraine Jones</p> <p>Mailing Address 1812 SW 11th Ct, Apt 3</p> <p>City Fort Lauderdale State FL Zip Code 33312</p> <p>Purpose of Disbursement Per Diem</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> D344318</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Loraine Jones</p> <p>Mailing Address 1812 SW 11th Ct, Apt 3</p> <p>City Fort Lauderdale State FL Zip Code 33312</p> <p>Purpose of Disbursement Per Diem</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> D344319</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="120.00"/>
<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) Loraine Jones	Transaction ID: D344320 Date of Disbursement 10 / 18 / 2010
	Mailing Address 1812 SW 11th Ct, Apt 3	Amount of Each Disbursement this Period 40.00
	City Fort Lauderdale State FL Zip Code 33312	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Loraine Jones	Transaction ID: D344321 Date of Disbursement 10 / 18 / 2010
	Mailing Address 1812 SW 11th Ct, Apt 3	Amount of Each Disbursement this Period 40.00
	City Fort Lauderdale State FL Zip Code 33312	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Loraine Jones	Transaction ID: D344322 Date of Disbursement 10 / 24 / 2010
	Mailing Address 1812 SW 11th Ct, Apt 3	Amount of Each Disbursement this Period 280.00
	City Fort Lauderdale State FL Zip Code 33312	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) ..... ▶

360.00

**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) Loraine Jones</p> <p>Mailing Address 1812 SW 11th Ct, Apt 3</p> <p>City Fort Lauderdale State FL Zip Code 33312</p> <p>Purpose of Disbursement Per Diem</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> D344316</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Peaches Jones</p> <p>Mailing Address 270 SW 5th Court, Apt 2</p> <p>City Deerfield Beach State FL Zip Code 33441</p> <p>Purpose of Disbursement Per Diem</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> D344341</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Peaches Jones</p> <p>Mailing Address 270 SW 5th Court, Apt 2</p> <p>City Deerfield Beach State FL Zip Code 33441</p> <p>Purpose of Disbursement Per Diem</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> D344342</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="120.00"/>
<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) Peaches Jones	Transaction ID: D344343 Date of Disbursement 10 / 17 / 2010
	Mailing Address 270 SW 5th Court, Apt 2	Amount of Each Disbursement this Period 40.00
	City State Zip Code Deerfield Beach FL 33441	
	Purpose of Disbursement Per Diem	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) Peaches Jones	Transaction ID: D344344 Date of Disbursement 10 / 18 / 2010
	Mailing Address 270 SW 5th Court, Apt 2	Amount of Each Disbursement this Period 40.00
	City State Zip Code Deerfield Beach FL 33441	
	Purpose of Disbursement Per Diem	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) Peaches Jones	Transaction ID: D344347 Date of Disbursement 10 / 19 / 2010
	Mailing Address 270 SW 5th Court, Apt 2	Amount of Each Disbursement this Period 480.00
	City State Zip Code Deerfield Beach FL 33441	
	Purpose of Disbursement Per Diem	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

560.00

**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) Ray Charles Jones	Transaction ID: D339558 Date of Disbursement 10 / 30 / 2010
	Mailing Address 2121 W. Tennessee St	Amount of Each Disbursement this Period 420.19
	City Tallahassee State FL Zip Code 32304	
	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) Ray Charles Jones	Transaction ID: D340608 Date of Disbursement 11 / 02 / 2010
	Mailing Address 2121 W. Tennessee St	Amount of Each Disbursement this Period 1205.00
	City Tallahassee State FL Zip Code 32304	
	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) Roderick Jones	Transaction ID: D342249 Date of Disbursement 11 / 02 / 2010
	Mailing Address 1100 NW 39th St	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33127-3035	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	▶	1665.19
<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) Roderick Jones <hr/> Mailing Address 1100 NW 39th St <hr/> City Miami State FL Zip Code 33127-3035 <hr/> Purpose of Disbursement Per Diem 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> D342250 Date of Disbursement 11 / 02 / 2010	Amount of Each Disbursement this Period 40.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Thomas Jones <hr/> Mailing Address 330 NW 51st St <hr/> City Miami State FL Zip Code 33127-2161 <hr/> Purpose of Disbursement Per Diem 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> D340574 Date of Disbursement 11 / 02 / 2010	Amount of Each Disbursement this Period 40.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Wanda Jones <hr/> Mailing Address 3210 NW 208th Ter <hr/> City Miami Gardens State FL Zip Code 33056-1363 <hr/> Purpose of Disbursement Per Diem 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> D344555 Date of Disbursement 10 / 24 / 2010	Amount of Each Disbursement this Period 40.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	120.00
<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Willie Jones <hr/> Mailing Address 15726 NW 7th Ave <hr/> City Miami State FL Zip Code 33169-6243 <hr/> Purpose of Disbursement Per Diem 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> D344556 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 1 0	Amount of Each Disbursement this Period 120.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Zachary Jones <hr/> Mailing Address 1555 Delaney Dr., Apt 312 <hr/> City Tallahassee State FL Zip Code 32309 <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) ▼	<b>Transaction ID:</b> D339546 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 1 0	Amount of Each Disbursement this Period 281.67
<b>C.</b>	Full Name (Last, First, Middle Initial) Jermaine Jordan <hr/> Mailing Address 2421 NW 23rd Street, Apt A <hr/> City Fort Lauderdale State FL Zip Code 33311 <hr/> Purpose of Disbursement Per Diem 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> D344349 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	Amount of Each Disbursement this Period 320.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	721.67
<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) Audre Joseph	Transaction ID: D342354 Date of Disbursement 10 / 27 / 2010
	Mailing Address 1000 NW 64 St	
	City Miami State FL Zip Code 33150	Amount of Each Disbursement this Period 40.00
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Audre Joseph	Transaction ID: D342355 Date of Disbursement 10 / 28 / 2010
	Mailing Address 1000 NW 64 St	
	City Miami State FL Zip Code 33150	Amount of Each Disbursement this Period 40.00
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Audre Joseph	Transaction ID: D342356 Date of Disbursement 10 / 28 / 2010
	Mailing Address 1000 NW 64 St	
	City Miami State FL Zip Code 33150	Amount of Each Disbursement this Period 80.00
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	▶	160.00
<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) Audre Joseph</p> <p>Mailing Address 1000 NW 64 St</p> <p>City Miami State FL Zip Code 33150</p> <p>Purpose of Disbursement Per Diem</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> D342357</p> <p>Date of Disbursement 10 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Audre Joseph</p> <p>Mailing Address 1000 NW 64 St</p> <p>City Miami State FL Zip Code 33150</p> <p>Purpose of Disbursement Per Diem</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> D342358</p> <p>Date of Disbursement 10 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Audre Joseph</p> <p>Mailing Address 1000 NW 64 St</p> <p>City Miami State FL Zip Code 33150</p> <p>Purpose of Disbursement Per Diem</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> D342359</p> <p>Date of Disbursement 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>

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

200.00

**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) Audre Joseph	Transaction ID: D342360 Date of Disbursement 10 / 30 / 2010
	Mailing Address 1000 NW 64 St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33150	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Audre Joseph	Transaction ID: D342361 Date of Disbursement 10 / 26 / 2010
	Mailing Address 1000 NW 64 St	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33150	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Romain Joseph	Transaction ID: D344800 Date of Disbursement 11 / 02 / 2010
	Mailing Address 2017 NW 46th Ave, Apt A-109	Amount of Each Disbursement this Period 600.00
	City Fort Lauderdale State FL Zip Code 33313	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	720.00
<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

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(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) Shanika Joseph	Transaction ID: D344351 Date of Disbursement 10 / 16 / 2010
	Mailing Address 3821 Hermitage Road,E	Amount of Each Disbursement this Period 40.00
	City Jacksonville State FL Zip Code 32277	
	Purpose of Disbursement Per Diem	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) Shanika Joseph	Transaction ID: D344352 Date of Disbursement 10 / 20 / 2010
	Mailing Address 3821 Hermitage Road,E	Amount of Each Disbursement this Period 560.00
	City Jacksonville State FL Zip Code 32277	
	Purpose of Disbursement Per Diem	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) Shanika Joseph	Transaction ID: D344353 Date of Disbursement 10 / 18 / 2010
	Mailing Address 3821 Hermitage Road,E	Amount of Each Disbursement this Period 40.00
	City Jacksonville State FL Zip Code 32277	
	Purpose of Disbursement Per Diem	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) .....	▶	640.00
<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) Joseph Junot</p> <p>Mailing Address 8343 NE 3rd Ct</p> <p>City Miami State FL Zip Code 33138</p> <p>Purpose of Disbursement Per Diem</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> D341019</p> <p>Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ricardo Junquera</p> <p>Mailing Address 10041 SW 48th St</p> <p>City Miami State FL Zip Code 33165-6379</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D339533</p> <p>Date of Disbursement 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 973.40</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kendra Kaneo</p> <p>Mailing Address 815 Indian River Street</p> <p>City Boca Raton State FL Zip Code 33431</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D340124</p> <p>Date of Disbursement 10 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 493.75</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1507.15
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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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) Teresa Kelly	Transaction ID: D344559 Date of Disbursement 10 / 31 / 2010
	Mailing Address 2401 Van Buren St	Amount of Each Disbursement this Period 200.00
	City Hollywood State FL Zip Code 33020-4992	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Briana Kendrick	Transaction ID: D344564 Date of Disbursement 11 / 02 / 2010
	Mailing Address 1017 Buchanan St	Amount of Each Disbursement this Period 80.00
	City Hollywood State FL Zip Code 33019-1106	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Demetrious Kennedy	Transaction ID: D344359 Date of Disbursement 10 / 16 / 2010
	Mailing Address 2171 NW 29th Ave	Amount of Each Disbursement this Period 40.00
	City Fort Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	▶	320.00
<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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<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) Demetrious Kennedy</p> <p>Mailing Address 2171 NW 29th Ave</p> <p>City Fort Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D344360 <b>Date of Disbursement</b> 10 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Demetrious Kennedy</p> <p>Mailing Address 2171 NW 29th Ave</p> <p>City Fort Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D344361 <b>Date of Disbursement</b> 10 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Demetrious Kennedy</p> <p>Mailing Address 2171 NW 29th Ave</p> <p>City Fort Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D344362 <b>Date of Disbursement</b> 10 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>

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

120.00

**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) Demetrious Kennedy	Transaction ID: D344363 Date of Disbursement 10 / 19 / 2010
	Mailing Address 2171 NW 29th Ave	Amount of Each Disbursement this Period 480.00
	City Fort Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Mary Kennedy	Transaction ID: D344365 Date of Disbursement 10 / 17 / 2010
	Mailing Address 2171 NW 29th Ave	Amount of Each Disbursement this Period 40.00
	City Fort Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Mary Kennedy	Transaction ID: D344367 Date of Disbursement 10 / 25 / 2010
	Mailing Address 2171 NW 29th Ave	Amount of Each Disbursement this Period 320.00
	City Fort Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	▶	840.00
<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) Annalise Kennerly Mailing Address 3720 SW 70th Ave City Miramar State FL Zip Code 33023-6661 Purpose of Disbursement Per Diem 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: D340965 Date of Disbursement 11 / 06 / 2010	Amount of Each Disbursement this Period 40.00
B.	Full Name (Last, First, Middle Initial) Rush Khambrel Mailing Address 2611 NW 21 St City Fort Lauderdale State FL Zip Code 33311 Purpose of Disbursement Per Diem 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: D344798 Date of Disbursement 10 / 19 / 2010	Amount of Each Disbursement this Period 640.00
C.	Full Name (Last, First, Middle Initial) Rush Khambrel Mailing Address 2611 NW 21 St City Fort Lauderdale State FL Zip Code 33311 Purpose of Disbursement Per Diem 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: D344791 Date of Disbursement 10 / 17 / 2010	Amount of Each Disbursement this Period 40.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	720.00
<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) Rush Khambrel	Transaction ID: D344793 Date of Disbursement																			
	Mailing Address 2611 NW 21 St	<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>0</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	7		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	7		2	0	1	0												
	City State Zip Code Fort Lauderdale FL 33311	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Per Diem	<table border="1"><tr><td>40.00</td></tr></table>	40.00																		
40.00																					
	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) Rush Khambrel	Transaction ID: D344795 Date of Disbursement																			
	Mailing Address 2611 NW 21 St	<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>0</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	8		2	0	1	0												
	City State Zip Code Fort Lauderdale FL 33311	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Per Diem	<table border="1"><tr><td>40.00</td></tr></table>	40.00																		
40.00																					
	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) ▼																			

C.	Full Name (Last, First, Middle Initial) Rush Khambrel	Transaction ID: D344796 Date of Disbursement																			
	Mailing Address 2611 NW 21 St	<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>0</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	8		2	0	1	0												
	City State Zip Code Fort Lauderdale FL 33311	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Per Diem	<table border="1"><tr><td>40.00</td></tr></table>	40.00																		
40.00																					
	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>120.00</td></tr></table>	120.00
120.00		
<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)

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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) Rush Khambrel	Transaction ID: D344788 Date of Disbursement
	Mailing Address 2611 NW 21 St	<input type="text" value="10"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Fort Lauderdale State FL Zip Code 33311	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="40.00"/>
	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) Rush Khambrel	Transaction ID: D344786 Date of Disbursement
	Mailing Address 2611 NW 21 St	<input type="text" value="10"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Fort Lauderdale State FL Zip Code 33311	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="40.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Omar Khan	Transaction ID: D339976 Date of Disbursement
	Mailing Address 11130 Crescent Bay Blvd	<input type="text" value="11"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Clermont State FL Zip Code 34711-9333	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary	<input type="text" value="520.00"/>
	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="600.00"/>
<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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Ben King</p> <p>Mailing Address 3425 Mission Bay Blvd</p> <p>City Orlando State FL Zip Code 32817</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> D341260</p> <p>Date of Disbursement 11 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 821.01</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Ben King</p> <p>Mailing Address 3425 Mission Bay Blvd</p> <p>City Orlando State FL Zip Code 32817</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> D339515</p> <p>Date of Disbursement 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 821.02</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Shanika King</p> <p>Mailing Address 1135 W Dania Beach Blvd</p> <p>City Dania State FL Zip Code 33004-3286</p> <p>Purpose of Disbursement Per Diem 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> D340575</p> <p>Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>

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

1682.03

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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) Anjulie Knowles</p> <p>Mailing Address 701 Countryside Place, SE</p> <p>City Smyrna State GA Zip Code 30080</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D339924</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="585.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Belinda Knowles</p> <p>Mailing Address 4888 NW 8th Court</p> <p>City Fort Lauderdale State FL Zip Code 33317</p> <p>Purpose of Disbursement Per Diem</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> D344368</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="320.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Daniel Krassner</p> <p>Mailing Address 715 N. Calhoun Street, #4</p> <p>City Tallahassee State FL Zip Code 32303</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D340292</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="537.40"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1442.40"/>
<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) Daniel Krassner	Transaction ID: D339331 Date of Disbursement
	Mailing Address 715 N. Calhoun Street, #4	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Tallahassee State FL Zip Code 32303	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Candidate Name	<input type="text" value="1479.63"/>
	Office Sought: <input type="checkbox"/> House <input 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) Daniel Krassner	Transaction ID: D339647 Date of Disbursement
	Mailing Address 715 N. Calhoun Street, #4	<input type="text" value="10"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Tallahassee State FL Zip Code 32303	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Candidate Name	<input type="text" value="1479.63"/>
	Office Sought: <input type="checkbox"/> House <input 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) Gilbert Kubayanda	Transaction ID: D339577 Date of Disbursement
	Mailing Address 4341 NW 19th St Apt 8	<input type="text" value="10"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Fort Lauderdale State FL Zip Code 33313	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Candidate Name	<input type="text" value="349.20"/>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3308.46"/>
<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) Lee La'Fleur	Transaction ID: D344573 Date of Disbursement 10 / 25 / 2010
	Mailing Address 140 NW 80th Ave	Amount of Each Disbursement this Period 440.00
	City Margate State FL Zip Code 33063-4734	
	Purpose of Disbursement Per Diem	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) Patricia La'Fluer	Transaction ID: D344569 Date of Disbursement 10 / 25 / 2010
	Mailing Address 140 NW 80th Ave	Amount of Each Disbursement this Period 960.00
	City Margate State FL Zip Code 33063-4734	
	Purpose of Disbursement Per Diem	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) David Lam	Transaction ID: D339494 Date of Disbursement 10 / 30 / 2010
	Mailing Address 136 Upper Ferry Road	Amount of Each Disbursement this Period 1624.19
	City Trenton State NJ Zip Code 08628	
	Purpose of Disbursement Salary	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

3024.19

**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

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) David Lam	Transaction ID: D341253 Date of Disbursement 11 / 15 / 2010
	Mailing Address 136 Upper Ferry Road	Amount of Each Disbursement this Period 1624.19
	City Trenton State NJ Zip Code 08628	
	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) Mauricio Lamas	Transaction ID: D339584 Date of Disbursement 10 / 30 / 2010
	Mailing Address 23141 SW 124th Ave	Amount of Each Disbursement this Period 923.50
	City Miami State FL Zip Code 33170	
	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) Adrian Lamont	Transaction ID: D344371 Date of Disbursement 10 / 30 / 2010
	Mailing Address 1019 NW 5th Ave	Amount of Each Disbursement this Period 320.00
	City Fort Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	2867.69
<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) Michael Latini	Transaction ID: D341289 Date of Disbursement 11 / 17 / 2010
	Mailing Address 6138 Kestrelridge Drive	Amount of Each Disbursement this Period 715.00
	City Lithia State FL Zip Code 33547	
	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) Rony Lebrun	Transaction ID: D341443 Date of Disbursement 10 / 30 / 2010
	Mailing Address 2430 NW 93rd St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33147-3034	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Rony Lebrun	Transaction ID: D341444 Date of Disbursement 10 / 31 / 2010
	Mailing Address 2430 NW 93rd St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33147-3034	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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>875.00</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)

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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) Rony Lebrun	Transaction ID: D341445 Date of Disbursement 11 / 01 / 2010
	Mailing Address 2430 NW 93rd St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33147-3034	
	Purpose of Disbursement Per Diem	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) Rony Lebrun	Transaction ID: D341446 Date of Disbursement 11 / 02 / 2010
	Mailing Address 2430 NW 93rd St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33147-3034	
	Purpose of Disbursement Per Diem	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) Glen-Daros Lemard	Transaction ID: D333079 Date of Disbursement 10 / 18 / 2010
	Mailing Address 8311 NW 59th Court	Amount of Each Disbursement this Period 581.25
	City Fort Lauderdale State FL Zip Code 33321	
	Purpose of Disbursement Salary	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

741.25

**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) Glen-Daros Lemard</p> <p>Mailing Address 8311 NW 59th Court</p> <p>City Fort Lauderdale State FL Zip Code 33321</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> D340122 <b>Date of Disbursement</b> 10 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 306.25</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Varjone Leone</p> <p>Mailing Address 1424 Fisher Lane, Apt B</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> D340600 <b>Date of Disbursement</b> 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 320.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Varjone Leone</p> <p>Mailing Address 1424 Fisher Lane, Apt B</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> D339541 <b>Date of Disbursement</b> 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 230.86</p>

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

857.11

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

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

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

FOR LINE NUMBER: (check only one)

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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) Altron Levin	Transaction ID: D339921 Date of Disbursement 11 / 03 / 2010
	Mailing Address 4200 N University Drive	Amount of Each Disbursement this Period 390.00
	City Fort Lauderdale State FL Zip Code 33351	
	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) Danny Lewis	Transaction ID: D340311 Date of Disbursement 10 / 30 / 2010
	Mailing Address 3001 NW 52nd St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33142-3450	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Danny Lewis	Transaction ID: D340312 Date of Disbursement 10 / 31 / 2010
	Mailing Address 3001 NW 52nd St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33142-3450	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	550.00
<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) Danny Lewis	Transaction ID: D340313 Date of Disbursement 11 / 01 / 2010
	Mailing Address 3001 NW 52nd St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33142-3450	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Danny Lewis	Transaction ID: D340314 Date of Disbursement 11 / 02 / 2010
	Mailing Address 3001 NW 52nd St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33142-3450	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Kenneth Lewis	Transaction ID: D340540 Date of Disbursement 11 / 01 / 2010
	Mailing Address 3831 NW 175 Street	Amount of Each Disbursement this Period 80.00
	City Opa Locka State FL Zip Code 33055	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	240.00
<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) Kenneth Lewis</p> <p>Mailing Address 3831 NW 175 Street</p> <p>City Opa Locka State FL Zip Code 33055</p> <p>Purpose of Disbursement Per Diem</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> D340541</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Kenneth Lewis</p> <p>Mailing Address 3831 NW 175 Street</p> <p>City Opa Locka State FL Zip Code 33055</p> <p>Purpose of Disbursement Per Diem</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> D340537</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kenneth Lewis</p> <p>Mailing Address 3831 NW 175 Street</p> <p>City Opa Locka State FL Zip Code 33055</p> <p>Purpose of Disbursement Per Diem</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> D340538</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="240.00"/>
<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) Kevin Liao	Transaction ID: D340368 Date of Disbursement 11 / 08 / 2010
	Mailing Address 1304 Park Road NW	Amount of Each Disbursement this Period 521.31
	City Washington State DC Zip Code 20010	
	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) Kevin Liao	Transaction ID: D339737 Date of Disbursement 10 / 30 / 2010
	Mailing Address 1304 Park Road NW	Amount of Each Disbursement this Period 1417.21
	City Washington State DC Zip Code 20010	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kevin Liao	Transaction ID: D338470 Date of Disbursement 10 / 25 / 2010
	Mailing Address 1304 Park Road NW	Amount of Each Disbursement this Period 65.00
	City Washington State DC Zip Code 20010	
	Purpose of Disbursement Phone Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

2003.52

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

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

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

FOR LINE NUMBER: (check only one)

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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) Kevin Liao	Transaction ID: D339310 Date of Disbursement 10 / 15 / 2010
	Mailing Address 1304 Park Road NW	Amount of Each Disbursement this Period 1652.93
	City Washington State DC Zip Code 20010	
	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) Furmer Lineen	Transaction ID: D342328 Date of Disbursement 10 / 27 / 2010
	Mailing Address 307 SW 185th Ter	Amount of Each Disbursement this Period 80.00
	City Pembroke Pines State FL Zip Code 33029-5431	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Johnathan Lipshutz	Transaction ID: D340539 Date of Disbursement 10 / 31 / 2010
	Mailing Address 505 B 10th Street, SE	Amount of Each Disbursement this Period 1800.00
	City Washington State DC Zip Code 20003	
	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) .....	<b>3532.93</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)

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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) Lakisha Lockhart	Transaction ID: D344373 Date of Disbursement 10 / 31 / 2010
	Mailing Address 712 SW 16th Ave, #3	Amount of Each Disbursement this Period 360.00
	City Fort Lauderdale State FL Zip Code 33312	
	Purpose of Disbursement Per Diem	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) Joshua H Loewenstein	Transaction ID: D341249 Date of Disbursement 11 / 15 / 2010
	Mailing Address 1908 NW 4th Ave Apt 108	Amount of Each Disbursement this Period 1060.72
	City Boca Raton State FL Zip Code 33432-1580	
	Purpose of Disbursement Salary	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) Joshua H Loewenstein	Transaction ID: D339490 Date of Disbursement 10 / 30 / 2010
	Mailing Address 1908 NW 4th Ave Apt 108	Amount of Each Disbursement this Period 1060.73
	City Boca Raton State FL Zip Code 33432-1580	
	Purpose of Disbursement Salary	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) .....	2481.45
<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) Naomi Long</p> <p>Mailing Address 548 Foxhall Place,SE</p> <p>City Washington State DC Zip Code 20032</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> D339738 <b>Date of Disbursement:</b> 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1447.47</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Naomi Long</p> <p>Mailing Address 548 Foxhall Place,SE</p> <p>City Washington State DC Zip Code 20032</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> D340385 <b>Date of Disbursement:</b> 11 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 536.75</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Naomi Long</p> <p>Mailing Address 548 Foxhall Place,SE</p> <p>City Washington State DC Zip Code 20032</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> D339311 <b>Date of Disbursement:</b> 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1022.05</p>

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

3006.27

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

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

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

FOR LINE NUMBER:  
(check only one)

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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) Naomi Long	Transaction ID: D338468 Date of Disbursement 10 / 25 / 2010
	Mailing Address 548 Foxhall Place, SE	Amount of Each Disbursement this Period 65.00
	City Washington State DC Zip Code 20032	
	Purpose of Disbursement Phone Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Christopher Lopez	Transaction ID: D340170 Date of Disbursement 10 / 31 / 2010
	Mailing Address 7774 Kismet Street	Amount of Each Disbursement this Period 156.25
	City Hollywood State FL Zip Code 33023	
	Purpose of Disbursement Salary	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) Christopher Lopez	Transaction ID: D341449 Date of Disbursement 10 / 28 / 2010
	Mailing Address 7774 Kismet Street	Amount of Each Disbursement this Period 20.00
	City Hollywood State FL Zip Code 33023	
	Purpose of Disbursement Per Diem	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) .....	▶	241.25
<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) Christopher Lopez	Transaction ID: D341450 Date of Disbursement 10 / 29 / 2010
	Mailing Address 7774 Kismet Street	Amount of Each Disbursement this Period 80.00
	City Hollywood State FL Zip Code 33023	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Christopher Lopez	Transaction ID: D341451 Date of Disbursement 10 / 30 / 2010
	Mailing Address 7774 Kismet Street	Amount of Each Disbursement this Period 80.00
	City Hollywood State FL Zip Code 33023	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Christopher Lopez	Transaction ID: D341452 Date of Disbursement 10 / 31 / 2010
	Mailing Address 7774 Kismet Street	Amount of Each Disbursement this Period 80.00
	City Hollywood State FL Zip Code 33023	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	▶	240.00
<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) Christopher Lopez</p> <p>Mailing Address 7774 Kismet Street</p> <p>City Hollywood State FL Zip Code 33023</p> <p>Purpose of Disbursement Per Diem</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> D341453</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Christopher Lopez</p> <p>Mailing Address 7774 Kismet Street</p> <p>City Hollywood State FL Zip Code 33023</p> <p>Purpose of Disbursement Per Diem</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> D341454</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Skarlett Lopez</p> <p>Mailing Address 2509 NW 23rd Street</p> <p>City Boynton Beach State FL Zip Code 34336</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D340114</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="225.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="385.00"/>
<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) Joseph Loquerre	Transaction ID: D342366 Date of Disbursement 10 / 24 / 2010
	Mailing Address 990 NE 156th Ter	Amount of Each Disbursement this Period 40.00
	City North Miami Beach State FL Zip Code 33162-5302	
	Purpose of Disbursement Per Diem	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Joseph Loquerre	Transaction ID: D342367 Date of Disbursement 10 / 24 / 2010
	Mailing Address 990 NE 156th Ter	Amount of Each Disbursement this Period 40.00
	City North Miami Beach State FL Zip Code 33162-5302	
	Purpose of Disbursement Per Diem	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) Hannah Lorber	Transaction ID: D339574 Date of Disbursement 10 / 30 / 2010
	Mailing Address 718 NW 82nd Avenue	Amount of Each Disbursement this Period 98.12
	City Pompano Beach State FL Zip Code 33071	
	Purpose of Disbursement Salary	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) .....	▶	178.12
<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)

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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) Lori Edwards Campaign</p> <p>Mailing Address PO Box 280</p> <p>City Eagle Lake State FL Zip Code 33839-0280</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D334455</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Lori Edwards Campaign</p> <p>Mailing Address PO Box 280</p> <p>City Eagle Lake State FL Zip Code 33839-0280</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D334376</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3000.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Saro Louis</p> <p>Mailing Address 120 NE 212th St</p> <p>City Miami State FL Zip Code 33179-1017</p> <p>Purpose of Disbursement Per Diem</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> D342262</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="5080.00"/></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

A.	Full Name (Last, First, Middle Initial) Saro Louis	Transaction ID: D342263 Date of Disbursement 11 / 01 / 2010
	Mailing Address 120 NE 212th St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33179-1017	
	Purpose of Disbursement Per Diem	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) Saro Louis	Transaction ID: D342264 Date of Disbursement 11 / 02 / 2010
	Mailing Address 120 NE 212th St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33179-1017	
	Purpose of Disbursement Per Diem	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) Saro Louis	Transaction ID: D342265 Date of Disbursement 10 / 30 / 2010
	Mailing Address 120 NE 212th St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33179-1017	
	Purpose of Disbursement Per Diem	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) .....	240.00
<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Saro Louis  Mailing Address 120 NE 212th St  City Miami State FL Zip Code 33179-1017  Purpose of Disbursement Per Diem 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>Transaction ID:</b> D342266 <b>Date of Disbursement</b> 10 / 31 / 2010	Amount of Each Disbursement this Period 80.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Saro Louis  Mailing Address 120 NE 212th St  City Miami State FL Zip Code 33179-1017  Purpose of Disbursement Per Diem 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>Transaction ID:</b> D342267 <b>Date of Disbursement</b> 10 / 23 / 2010	Amount of Each Disbursement this Period 80.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Saro Louis  Mailing Address 120 NE 212th St  City Miami State FL Zip Code 33179-1017  Purpose of Disbursement Per Diem 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>Transaction ID:</b> D342268 <b>Date of Disbursement</b> 10 / 23 / 2010	Amount of Each Disbursement this Period 80.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>240.00</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 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) Saro Louis	Transaction ID: D342269
	Mailing Address 120 NE 212th St	Date of Disbursement 10 / 24 / 2010
	City Miami State FL Zip Code 33179-1017	Amount of Each Disbursement this Period 80.00
	Purpose of Disbursement Per Diem	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Saro Louis	Transaction ID: D342270
	Mailing Address 120 NE 212th St	Date of Disbursement 10 / 25 / 2010
	City Miami State FL Zip Code 33179-1017	Amount of Each Disbursement this Period 80.00
	Purpose of Disbursement Per Diem	Category/Type
	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) Saro Louis	Transaction ID: D342271
	Mailing Address 120 NE 212th St	Date of Disbursement 10 / 25 / 2010
	City Miami State FL Zip Code 33179-1017	Amount of Each Disbursement this Period 80.00
	Purpose of Disbursement Per Diem	Category/Type
	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) .....	240.00
<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) Saro Louis	Transaction ID: D342272
	Mailing Address 120 NE 212th St	Date of Disbursement 10 / 26 / 2010
	City Miami State FL Zip Code 33179-1017	Amount of Each Disbursement this Period 80.00
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Breon Love	Transaction ID: D344385
	Mailing Address 2611 NW 21st Street	Date of Disbursement 10 / 20 / 2010
	City Fort Lauderdale State FL Zip Code 33311	Amount of Each Disbursement this Period 160.00
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Breon Love	Transaction ID: D344381
	Mailing Address 2611 NW 21st Street	Date of Disbursement 10 / 17 / 2010
	City Fort Lauderdale State FL Zip Code 33311	Amount of Each Disbursement this Period 40.00
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	▶	280.00
<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) Breon Love</p> <p>Mailing Address 2611 NW 21st Street</p> <p>City Fort Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D344382</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) LSG Strategies</p> <p>Mailing Address 2120 L St NW Ste 305</p> <p>City Washington State DC Zip Code 20037-1563</p> <p>Purpose of Disbursement Consulting/Communications</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> D341048</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5571.50"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) LSG Strategies</p> <p>Mailing Address 2120 L St NW Ste 305</p> <p>City Washington State DC Zip Code 20037-1563</p> <p>Purpose of Disbursement Consulting/Communications</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> D340491</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="646.70"/></p>

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

**6258.20**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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) Marlenis Luciano</p> <p>Mailing Address 6348 SW 23rd St</p> <p>City Miramar State FL Zip Code 33023-2839</p> <p>Purpose of Disbursement Per Diem</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> D342368</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Rolander Lucien</p> <p>Mailing Address 168 Vermont Ave</p> <p>City Fort Lauderdale State FL Zip Code 33312</p> <p>Purpose of Disbursement Per Diem</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> D344387</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="280.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Gabriel Luna</p> <p>Mailing Address 85 NE 63rd St</p> <p>City Miami State FL Zip Code 33138-5839</p> <p>Purpose of Disbursement Per Diem</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> D340346</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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) Gabriel Luna</p> <p>Mailing Address 85 NE 63rd St</p> <p>City Miami State FL Zip Code 33138-5839</p> <p>Purpose of Disbursement Per Diem</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> D340347</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Gabriel Luna</p> <p>Mailing Address 85 NE 63rd St</p> <p>City Miami State FL Zip Code 33138-5839</p> <p>Purpose of Disbursement Per Diem</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> D340348</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Gabriel Luna</p> <p>Mailing Address 85 NE 63rd St</p> <p>City Miami State FL Zip Code 33138-5839</p> <p>Purpose of Disbursement Per Diem</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> D340344</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="240.00"/></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

A.	Full Name (Last, First, Middle Initial) Gabriel Luna	Transaction ID: D340350 Date of Disbursement 11 / 02 / 2010
	Mailing Address 85 NE 63rd St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33138-5839	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Tyrone Lupoe	Transaction ID: D344580 Date of Disbursement 11 / 01 / 2010
	Mailing Address 1017 Buchanan St	Amount of Each Disbursement this Period 600.00
	City Hollywood State FL Zip Code 33019-1106	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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 Lutin	Transaction ID: D339382 Date of Disbursement 10 / 15 / 2010
	Mailing Address 2540 NW 24th St.	Amount of Each Disbursement this Period 1967.91
	City Boca Raton State FL Zip Code 33434	
	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) .....	2647.91
<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) Jason Lutin</p> <p>Mailing Address 2540 NW 24th St.</p> <p>City Boca Raton State FL Zip Code 33434</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> D339604 <b>Date of Disbursement</b> 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1967.92</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jason Lutin</p> <p>Mailing Address 2540 NW 24th St.</p> <p>City Boca Raton State FL Zip Code 33434</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> D340263 <b>Date of Disbursement</b> 11 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 724.33</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Leslie Mack</p> <p>Mailing Address 4028 NW 23rd Ct</p> <p>City Miami State FL Zip Code 33142-4610</p> <p>Purpose of Disbursement Per Diem 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> D340340 <b>Date of Disbursement</b> 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>

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

2772.25

**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) Leslie Mack</p> <p>Mailing Address 4028 NW 23rd Ct</p> <p>City Miami State FL Zip Code 33142-4610</p> <p>Purpose of Disbursement Per Diem</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> D340341 <b>Date of Disbursement</b> 10 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Leslie Mack</p> <p>Mailing Address 4028 NW 23rd Ct</p> <p>City Miami State FL Zip Code 33142-4610</p> <p>Purpose of Disbursement Per Diem</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> D340342 <b>Date of Disbursement</b> 11 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Leslie Mack</p> <p>Mailing Address 4028 NW 23rd Ct</p> <p>City Miami State FL Zip Code 33142-4610</p> <p>Purpose of Disbursement Per Diem</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> D340343 <b>Date of Disbursement</b> 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>

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

240.00

**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) Mack Crouse Group, LLC	Transaction ID: D334364 Date of Disbursement 10 / 22 / 2010
	Mailing Address 1566 Village Square Blvd Ste 1	Amount of Each Disbursement this Period 80608.38
	City Tallahassee State FL Zip Code 32309-2765	
	Purpose of Disbursement Direct Mail	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) Dallas Madison	Transaction ID: D339549 Date of Disbursement 10 / 30 / 2010
	Mailing Address 618 Grunter Street	Amount of Each Disbursement this Period 401.72
	City Tallahassee State FL Zip Code 32308	
	Purpose of Disbursement Salary	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) Dallas Madison	Transaction ID: D340613 Date of Disbursement 11 / 02 / 2010
	Mailing Address 618 Grunter Street	Amount of Each Disbursement this Period 445.00
	City Tallahassee State FL Zip Code 32308	
	Purpose of Disbursement Salary	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) .....	81455.10
<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) Reginald Maloire</p> <p>Mailing Address 1301 NW 4th Street</p> <p>City Fort Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D344587</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="600.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Stephen Manness</p> <p>Mailing Address 1304 Meer Way</p> <p>City Kissimmee State FL Zip Code 34747</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D332209</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="576.59"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Olive Manuel</p> <p>Mailing Address 20118 NW 28th Ct</p> <p>City Miami Gardens State FL Zip Code 33056-2031</p> <p>Purpose of Disbursement Per Diem</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> D344586</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="120.00"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="1296.59"/></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) Franklin Manzananez</p> <p>Mailing Address 1185 NW 56th St Apt 410</p> <p>City Miami State FL Zip Code 33127-1445</p> <p>Purpose of Disbursement Per Diem</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> D344583</p> <p>Date of Disbursement 10 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 200.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Winston Marcus</p> <p>Mailing Address 10648 NW 2nd Place</p> <p>City Pompano Beach State FL Zip Code 33071</p> <p>Purpose of Disbursement Per Diem</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> D344389</p> <p>Date of Disbursement 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) D'Mitry Marin</p> <p>Mailing Address 1308 Bayview Dr. #29</p> <p>City Fort Lauderdale State FL Zip Code 33304</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D340115</p> <p>Date of Disbursement 10 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 618.75</p>

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

858.75

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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) Darren Martin	Transaction ID: D342247 Date of Disbursement 11 / 02 / 2010
	Mailing Address 100 NE 43rd St	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33137-3412	
	Purpose of Disbursement Per Diem	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) Claudia Martinez	Transaction ID: D340551 Date of Disbursement 11 / 02 / 2010
	Mailing Address 1327 Jackson Bluff Road, Apt 105	Amount of Each Disbursement this Period 200.00
	City Tallahassee State FL Zip Code 32304	
	Purpose of Disbursement Salary	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) Hector Martinez	Transaction ID: D339535 Date of Disbursement 10 / 30 / 2010
	Mailing Address 11100 SW 46th St	Amount of Each Disbursement this Period 973.40
	City Miami State FL Zip Code 33165-4735	
	Purpose of Disbursement Salary	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) .....	▶	1213.40
<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) Marucci Beard</p> <p>Mailing Address 9726 Tiramasu Trail</p> <p>City Orlando State FL Zip Code 32829</p> <p>Purpose of Disbursement Consulting/Political</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> D332463</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Andre Mason</p> <p>Mailing Address 9165 NW 49th Ct</p> <p>City Sunrise State FL Zip Code 33351-5372</p> <p>Purpose of Disbursement Per Diem</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> D344589</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="120.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ralph Mason</p> <p>Mailing Address 3105 N. Shannon Lakes Drive</p> <p>City Tallahassee State FL Zip Code 32309</p> <p>Purpose of Disbursement Consulting/Field</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> D345187</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p>

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

**3620.00**

**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) Guilherme Massetti	Transaction ID: D340116 Date of Disbursement 10 / 31 / 2010
	Mailing Address 10253 Crosswind Rd	Amount of Each Disbursement this Period 378.13
	City Boca Raton State FL Zip Code 33498	
	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) Imari Massey	Transaction ID: D344393 Date of Disbursement 10 / 16 / 2010
	Mailing Address 6820 SW 10th Court	Amount of Each Disbursement this Period 40.00
	City Pompano Beach State FL Zip Code 33068	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Imari Massey	Transaction ID: D344394 Date of Disbursement 10 / 16 / 2010
	Mailing Address 6820 SW 10th Court	Amount of Each Disbursement this Period 40.00
	City Pompano Beach State FL Zip Code 33068	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	458.13
<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) Imari Massey	Transaction ID: D344396 Date of Disbursement 10 / 17 / 2010
	Mailing Address 6820 SW 10th Court	Amount of Each Disbursement this Period 40.00
	City Pompano Beach State FL Zip Code 33068	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Imari Massey	Transaction ID: D344397 Date of Disbursement 10 / 17 / 2010
	Mailing Address 6820 SW 10th Court	Amount of Each Disbursement this Period 40.00
	City Pompano Beach State FL Zip Code 33068	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Imari Massey	Transaction ID: D344398 Date of Disbursement 11 / 01 / 2010
	Mailing Address 6820 SW 10th Court	Amount of Each Disbursement this Period 520.00
	City Pompano Beach State FL Zip Code 33068	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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>600.00</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)

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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) Lagonda Massey	Transaction ID: D344404 Date of Disbursement 10 / 28 / 2010
	Mailing Address 2431 NW 6th Court	Amount of Each Disbursement this Period 480.00
	City Pompano Beach State FL Zip Code 33060	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Lagonda Massey	Transaction ID: D344409 Date of Disbursement 10 / 18 / 2010
	Mailing Address 2431 NW 6th Court	Amount of Each Disbursement this Period 40.00
	City Pompano Beach State FL Zip Code 33060	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Lagonda Massey	Transaction ID: D344406 Date of Disbursement 10 / 16 / 2010
	Mailing Address 2431 NW 6th Court	Amount of Each Disbursement this Period 40.00
	City Pompano Beach State FL Zip Code 33060	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	560.00
<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

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

A.	Full Name (Last, First, Middle Initial) Lagonda Massey  Mailing Address 2431 NW 6th Court  City Pompano Beach State FL Zip Code 33060  Purpose of Disbursement Per Diem 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: D344407 Date of Disbursement 10 / 17 / 2010	Amount of Each Disbursement this Period 40.00
B.	Full Name (Last, First, Middle Initial) Carolina Matamoras  Mailing Address 323 NW 4th Ave # 2  City Hallandale Beach State FL Zip Code 33009-3332  Purpose of Disbursement Per Diem 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: D340865 Date of Disbursement 10 / 27 / 2010	Amount of Each Disbursement this Period 40.00
C.	Full Name (Last, First, Middle Initial) Carolina Matamoras  Mailing Address 323 NW 4th Ave # 2  City Hallandale Beach State FL Zip Code 33009-3332  Purpose of Disbursement Per Diem 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: D340866 Date of Disbursement 10 / 28 / 2010	Amount of Each Disbursement this Period 80.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	160.00
<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) Carolina Matamoras	Transaction ID: D340867 Date of Disbursement 10 / 29 / 2010
	Mailing Address 323 NW 4th Ave # 2	Amount of Each Disbursement this Period 80.00
	City Hallandale Beach State FL Zip Code 33009-3332	
	Purpose of Disbursement Per Diem	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) Carolina Matamoras	Transaction ID: D340868 Date of Disbursement 10 / 30 / 2010
	Mailing Address 323 NW 4th Ave # 2	Amount of Each Disbursement this Period 80.00
	City Hallandale Beach State FL Zip Code 33009-3332	
	Purpose of Disbursement Per Diem	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) Carolina Matamoras	Transaction ID: D340869 Date of Disbursement 10 / 31 / 2010
	Mailing Address 323 NW 4th Ave # 2	Amount of Each Disbursement this Period 80.00
	City Hallandale Beach State FL Zip Code 33009-3332	
	Purpose of Disbursement Per Diem	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) .....	▶	240.00
<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) Carolina Matamoras	Transaction ID: D340870 Date of Disbursement 10 / 24 / 2010
	Mailing Address 323 NW 4th Ave # 2	Amount of Each Disbursement this Period 80.00
	City Hallandale Beach State FL Zip Code 33009-3332	
	Purpose of Disbursement Per Diem	
	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) Carolina Matamoras	Transaction ID: D340871 Date of Disbursement 10 / 25 / 2010
	Mailing Address 323 NW 4th Ave # 2	Amount of Each Disbursement this Period 40.00
	City Hallandale Beach State FL Zip Code 33009-3332	
	Purpose of Disbursement Per Diem	
	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) Carolina Matamoras	Transaction ID: D340872 Date of Disbursement 11 / 02 / 2010
	Mailing Address 323 NW 4th Ave # 2	Amount of Each Disbursement this Period 20.00
	City Hallandale Beach State FL Zip Code 33009-3332	
	Purpose of Disbursement Per Diem	
	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) .....	▶	140.00
<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) Carolina Matamoras	Transaction ID: D340882 Date of Disbursement 11 / 02 / 2010
	Mailing Address 323 NW 4th Ave # 2	Amount of Each Disbursement this Period 20.00
	City Hallandale Beach State FL Zip Code 33009-3332	
	Purpose of Disbursement Per Diem	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) Carolina Matamoras	Transaction ID: D340884 Date of Disbursement 11 / 02 / 2010
	Mailing Address 323 NW 4th Ave # 2	Amount of Each Disbursement this Period 20.00
	City Hallandale Beach State FL Zip Code 33009-3332	
	Purpose of Disbursement Per Diem	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) Carolina Matamoras	Transaction ID: D340885 Date of Disbursement 11 / 02 / 2010
	Mailing Address 323 NW 4th Ave # 2	Amount of Each Disbursement this Period 20.00
	City Hallandale Beach State FL Zip Code 33009-3332	
	Purpose of Disbursement Per Diem	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) .....	60.00
<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) Edward Mathis	Transaction ID: D340505 Date of Disbursement 11 / 03 / 2010
	Mailing Address 1702 W 25th Street	Amount of Each Disbursement this Period 455.00
	City Jacksonville State FL Zip Code 32209	
	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) Phyllis Mathis	Transaction ID: D344418 Date of Disbursement 10 / 29 / 2010
	Mailing Address 517 NW 16th Ave	Amount of Each Disbursement this Period 640.00
	City Fort Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Phyllis Mathis	Transaction ID: D344413 Date of Disbursement 10 / 18 / 2010
	Mailing Address 517 NW 16th Ave	Amount of Each Disbursement this Period 40.00
	City Fort Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	▶	1135.00
<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) Phyllis Mathis</p> <p>Mailing Address 517 NW 16th Ave</p> <p>City Fort Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D344414 <b>Date of Disbursement</b> 10 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Gordon Mathruin</p> <p>Mailing Address 11315 NE 12th Ave</p> <p>City Miami State FL Zip Code 33161</p> <p>Purpose of Disbursement Per Diem</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> D341920 <b>Date of Disbursement</b> 11 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Gordon Mathruin</p> <p>Mailing Address 11315 NE 12th Ave</p> <p>City Miami State FL Zip Code 33161</p> <p>Purpose of Disbursement Per Diem</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> D341921 <b>Date of Disbursement</b> 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	200.00
<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></p> <p>Full Name (Last, First, Middle Initial) Gordon Mathruin</p> <p>Mailing Address 11315 NE 12th Ave</p> <p>City Miami State FL Zip Code 33161</p> <p>Purpose of Disbursement Per Diem</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> D341922</p> <p>Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Gordon Mathruin</p> <p>Mailing Address 11315 NE 12th Ave</p> <p>City Miami State FL Zip Code 33161</p> <p>Purpose of Disbursement Per Diem</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> D341923</p> <p>Date of Disbursement 10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Gordon Mathruin</p> <p>Mailing Address 11315 NE 12th Ave</p> <p>City Miami State FL Zip Code 33161</p> <p>Purpose of Disbursement Per Diem</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> D341924</p> <p>Date of Disbursement 10 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>240.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</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) Gordon Mathruin</p> <p>Mailing Address 11315 NE 12th Ave</p> <p>City Miami State FL Zip Code 33161</p> <p>Purpose of Disbursement Per Diem</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> D341926 <b>Date of Disbursement</b> 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Gordon Mathruin</p> <p>Mailing Address 11315 NE 12th Ave</p> <p>City Miami State FL Zip Code 33161</p> <p>Purpose of Disbursement Per Diem</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> D341927 <b>Date of Disbursement</b> 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Michael Matthews</p> <p>Mailing Address 13 Ponte Vedra Colony Circle</p> <p>City Ponte Vedra Beach State FL Zip Code 32082</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D340192 <b>Date of Disbursement</b> 11 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 260.00</p>

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

420.00

**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) Clinton Mayes</p> <p>Mailing Address 426 West Place</p> <p>City Madison State MS Zip Code 39110</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D339975</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="325.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Wanda McCaskill</p> <p>Mailing Address 748 W Evanston Cir</p> <p>City Fort Lauderdale State FL Zip Code 33312-2615</p> <p>Purpose of Disbursement Per Diem</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> D344799</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="160.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Janice McClain</p> <p>Mailing Address 1374 NW 63rd Ter</p> <p>City Miami State FL Zip Code 33147-8049</p> <p>Purpose of Disbursement Per Diem</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> D340963</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="505.00"/>
<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

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) Janice McClain</p> <p>Mailing Address 1374 NW 63rd Ter</p> <p>City Miami State FL Zip Code 33147-8049</p> <p>Purpose of Disbursement Per Diem</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> D340964</p> <p>Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 20.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Randall McClendon</p> <p>Mailing Address 3830 NW 175 St.</p> <p>City Opa Locka State FL Zip Code 33055</p> <p>Purpose of Disbursement Per Diem</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> D340464</p> <p>Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Randall McClendon</p> <p>Mailing Address 3830 NW 175 St.</p> <p>City Opa Locka State FL Zip Code 33055</p> <p>Purpose of Disbursement Per Diem</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> D340465</p> <p>Date of Disbursement 10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>

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

180.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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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) Randall McClendon <hr/> Mailing Address 3830 NW 175 St. <hr/> City Opa Locka State FL Zip Code 33055 <hr/> Purpose of Disbursement Per Diem 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: D340466 Date of Disbursement 10 / 29 / 2010
	Amount of Each Disbursement this Period 80.00
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Randall McClendon <hr/> Mailing Address 3830 NW 175 St. <hr/> City Opa Locka State FL Zip Code 33055 <hr/> Purpose of Disbursement Per Diem 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: D340467 Date of Disbursement 10 / 30 / 2010
	Amount of Each Disbursement this Period 80.00
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Randall McClendon <hr/> Mailing Address 3830 NW 175 St. <hr/> City Opa Locka State FL Zip Code 33055 <hr/> Purpose of Disbursement Per Diem 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: D340468 Date of Disbursement 10 / 31 / 2010
	Amount of Each Disbursement this Period 80.00
	Category/ Type
	Category/ Type

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

240.00

**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) Randall McClendon	Transaction ID: D340469 Date of Disbursement 11 / 01 / 2010
	Mailing Address 3830 NW 175 St.	Amount of Each Disbursement this Period 80.00
	City Opa Locka State FL Zip Code 33055	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Randall McClendon	Transaction ID: D340470 Date of Disbursement 11 / 02 / 2010
	Mailing Address 3830 NW 175 St.	Amount of Each Disbursement this Period 80.00
	City Opa Locka State FL Zip Code 33055	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Brandon McClusky	Transaction ID: D344421 Date of Disbursement 10 / 25 / 2010
	Mailing Address 3263 NW 44th	Amount of Each Disbursement this Period 360.00
	City Fort Lauderdale State FL Zip Code 33312	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) ..... ▶

520.00

**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) Charles McCord <hr/> Mailing Address 2431 SW 48th Ave <hr/> City West Park State FL Zip Code 33023-4339 <hr/> Purpose of Disbursement Per Diem 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: D344813 Date of Disbursement 10 / 31 / 2010	Amount of Each Disbursement this Period 880.00
B.	Full Name (Last, First, Middle Initial) Eugene McCormick, Jr. <hr/> Mailing Address 3730 Soutel Drive Unit 1208 <hr/> City Jacksonville State FL Zip Code 32208 <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: D340193 Date of Disbursement 11 / 03 / 2010	Amount of Each Disbursement this Period 520.00
C.	Full Name (Last, First, Middle Initial) James McCray <hr/> Mailing Address 19361 NW 1st NW <hr/> City Opa Locka State FL Zip Code 33055 <hr/> Purpose of Disbursement Per Diem 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: D341133 Date of Disbursement 11 / 02 / 2010	Amount of Each Disbursement this Period 40.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1440.00
<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 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) McCray & Associates Inc.	Transaction ID: D341056 Date of Disbursement MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 20533 Biscayne Blvd, S418	Amount of Each Disbursement this Period 3000.00
	City: Aventura State: FL Zip Code: 33180	
	Purpose of Disbursement: Consulting/Communications	
	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) Tavaris McCurdy	Transaction ID: D339969 Date of Disbursement MM / DD / YYYY 11 / 04 / 2010
	Mailing Address 1849 Matterhorn Drive	Amount of Each Disbursement this Period 585.00
	City: Orlando State: FL Zip Code: 32818	
	Purpose of Disbursement: Salary	
	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) Jeremy McFarland	Transaction ID: D344424 Date of Disbursement MM / DD / YYYY 10 / 21 / 2010
	Mailing Address 2601 NW 56th Ave	Amount of Each Disbursement this Period 160.00
	City: Fort Lauderdale State: FL Zip Code: 33313	
	Purpose of Disbursement: Per Diem	
	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) .....

3745.00

**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) Tamika McGhee</p> <p>Mailing Address 840 NW 10th Street</p> <p>City Homestead State FL Zip Code 33034</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D332210</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="184.70"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Tamika McGhee</p> <p>Mailing Address 840 NW 10th Street</p> <p>City Homestead State FL Zip Code 33034</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D339540</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="844.18"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Dominique McGill</p> <p>Mailing Address 3410 NW 1 Ct</p> <p>City Fort Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D344427</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="120.00"/></p>

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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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) William McGregor</p> <p>Mailing Address 1464 SE 7th Street</p> <p>City Deerfield Beach State FL Zip Code 33441</p> <p>Purpose of Disbursement Per Diem</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> D344428</p> <p>Date of Disbursement 10 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 480.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Phyllis McGriff</p> <p>Mailing Address 331 NE 48th St</p> <p>City Pompano Beach State FL Zip Code 33064-4024</p> <p>Purpose of Disbursement Per Diem</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> D344457</p> <p>Date of Disbursement 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 160.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Emily McIlveene</p> <p>Mailing Address 2772 SW 137th Ave</p> <p>City Miami State FL Zip Code 33175-6638</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D339534</p> <p>Date of Disbursement 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 996.56</p>

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

1636.56

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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) Peter McIntosh</p> <p>Mailing Address 1495 NW 67th Street Apt. 9</p> <p>City Miami State FL Zip Code 33147</p> <p>Purpose of Disbursement Per Diem</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> D341448 <b>Date of Disbursement</b> 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Clifton McKenzie</p> <p>Mailing Address 3231 NW 4th PI</p> <p>City Fort Lauderdale State FL Zip Code 33311-8423</p> <p>Purpose of Disbursement Per Diem</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> D344460 <b>Date of Disbursement</b> 10 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Clifton McKenzie</p> <p>Mailing Address 3231 NW 4th PI</p> <p>City Fort Lauderdale State FL Zip Code 33311-8423</p> <p>Purpose of Disbursement Per Diem</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> D344461 <b>Date of Disbursement</b> 10 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>

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

120.00

**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) Clifton McKenzie  Mailing Address 3231 NW 4th Pl  City Fort Lauderdale State FL Zip Code 33311-8423  Purpose of Disbursement Per Diem 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: D344462 Date of Disbursement 10 / 21 / 2010	Amount of Each Disbursement this Period 120.00
B.	Full Name (Last, First, Middle Initial) Kimberly McKenzie  Mailing Address 2990 NW 19th St. Apt.202  City Fort Lauderdale State FL Zip Code 33311  Purpose of Disbursement Per Diem 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: D344463 Date of Disbursement 11 / 01 / 2010	Amount of Each Disbursement this Period 160.00
C.	Full Name (Last, First, Middle Initial) Irby McKnight  Mailing Address 1600 NW 3 Ave  City Miami State FL Zip Code 33136  Purpose of Disbursement Per Diem 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: D342369 Date of Disbursement 10 / 29 / 2010	Amount of Each Disbursement this Period 40.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	320.00
<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

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) Irby McKnight	Transaction ID: D342370 Date of Disbursement 10 / 23 / 2010
	Mailing Address 1600 NW 3 Ave	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33136	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Irby McKnight	Transaction ID: D342371 Date of Disbursement 10 / 23 / 2010
	Mailing Address 1600 NW 3 Ave	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33136	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Irby McKnight	Transaction ID: D342372 Date of Disbursement 10 / 23 / 2010
	Mailing Address 1600 NW 3 Ave	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33136	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	▶	120.00
<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) Irby McKnight	Transaction ID: D342373 Date of Disbursement 10 / 23 / 2010
	Mailing Address 1600 NW 3 Ave	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33136	
	Purpose of Disbursement Per Diem	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) Irby McKnight	Transaction ID: D342374 Date of Disbursement 10 / 25 / 2010
	Mailing Address 1600 NW 3 Ave	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33136	
	Purpose of Disbursement Per Diem	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) Irby McKnight	Transaction ID: D342375 Date of Disbursement 10 / 25 / 2010
	Mailing Address 1600 NW 3 Ave	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33136	
	Purpose of Disbursement Per Diem	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) .....	▶	120.00
<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) Irby McKnight	Transaction ID: D342376 Date of Disbursement 10 / 25 / 2010
	Mailing Address 1600 NW 3 Ave	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33136	
	Purpose of Disbursement Per Diem	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) Irby McKnight	Transaction ID: D342377 Date of Disbursement 10 / 25 / 2010
	Mailing Address 1600 NW 3 Ave	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33136	
	Purpose of Disbursement Per Diem	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) Shane McLean	Transaction ID: D339980 Date of Disbursement 11 / 04 / 2010
	Mailing Address 111 Fleetwood Drive	Amount of Each Disbursement this Period 585.00
	City Palm Coast State FL Zip Code 32137	
	Purpose of Disbursement Salary	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>665.00</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)

PAGE 444 / 761

<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) Aretha McRae	Transaction ID: D342378 Date of Disbursement 10 / 25 / 2010
	Mailing Address 352 NW 11th St 11	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33136-2519	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Aretha McRae	Transaction ID: D342379 Date of Disbursement 10 / 25 / 2010
	Mailing Address 352 NW 11th St 11	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33136-2519	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Ella McSwain	Transaction ID: D344465 Date of Disbursement 10 / 18 / 2010
	Mailing Address 251 NW 49 Ave.	Amount of Each Disbursement this Period 40.00
	City Fort Lauderdale State FL Zip Code 33317	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	▶	120.00
<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 445 / 761

<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) Ella McSwain</p> <p>Mailing Address 251 NW 49 Ave.</p> <p>City Fort Lauderdale State FL Zip Code 33317</p> <p>Purpose of Disbursement Per Diem</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> D344466</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="560.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Edgar Mendez</p> <p>Mailing Address 14936 SW 15th Ln</p> <p>City Miami State FL Zip Code 33194</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D339539</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="973.40"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Sherren Mendoz</p> <p>Mailing Address 3401 NW 170th St</p> <p>City Miami Gardens State FL Zip Code 33056-4126</p> <p>Purpose of Disbursement Per Diem</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> D341486</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="1613.40"/></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

<b>A.</b> Full Name (Last, First, Middle Initial) Sherren Mendoz <hr/> Mailing Address 3401 NW 170th St <hr/> City Miami Gardens State FL Zip Code 33056-4126 <hr/> Purpose of Disbursement Per Diem 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> D341487 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 1 0
	Amount of Each Disbursement this Period 80.00
	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) Sherren Mendoz <hr/> Mailing Address 3401 NW 170th St <hr/> City Miami Gardens State FL Zip Code 33056-4126 <hr/> Purpose of Disbursement Per Diem 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> D341488 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 80.00
	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) Sherren Mendoz <hr/> Mailing Address 3401 NW 170th St <hr/> City Miami Gardens State FL Zip Code 33056-4126 <hr/> Purpose of Disbursement Per Diem 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> D341489 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 80.00
	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) ..... ▶	240.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	80.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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) Gabriel Mendoza	Transaction ID: D342380 Date of Disbursement 10 / 27 / 2010
	Mailing Address 555 NE 15 St. 403	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33132	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Gabriel Mendoza	Transaction ID: D342381 Date of Disbursement 10 / 23 / 2010
	Mailing Address 555 NE 15 St. 403	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33132	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Gabriel Mendoza	Transaction ID: D342382 Date of Disbursement 10 / 23 / 2010
	Mailing Address 555 NE 15 St. 403	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33132	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	▶	160.00
<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) Gabriel Mendoza	Transaction ID: D342383 Date of Disbursement 10 / 24 / 2010
	Mailing Address 555 NE 15 St. 403	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33132	
	Purpose of Disbursement Per Diem	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) Gabriel Mendoza	Transaction ID: D342384 Date of Disbursement 10 / 24 / 2010
	Mailing Address 555 NE 15 St. 403	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33132	
	Purpose of Disbursement Per Diem	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) Gabriel Mendoza	Transaction ID: D342385 Date of Disbursement 10 / 25 / 2010
	Mailing Address 555 NE 15 St. 403	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33132	
	Purpose of Disbursement Per Diem	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) .....	▶	120.00
<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) Gabriel Mendoza	Transaction ID: D342386 Date of Disbursement 10 / 25 / 2010
	Mailing Address 555 NE 15 St. 403	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33132	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Gabriel Mendoza	Transaction ID: D342387 Date of Disbursement 10 / 26 / 2010
	Mailing Address 555 NE 15 St. 403	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33132	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Freddie Mercer	Transaction ID: D344467 Date of Disbursement 10 / 16 / 2010
	Mailing Address 2171 NW 29th Ave.	Amount of Each Disbursement this Period 40.00
	City Fort Lauderdale State FL Zip Code 33313	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	▶	160.00
<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 450 / 761

<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) Freddie Mercer</p> <p>Mailing Address 2171 NW 29th Ave.</p> <p>City Fort Lauderdale State FL Zip Code 33313</p> <p>Purpose of Disbursement Per Diem</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> D344468</p> <p>Date of Disbursement 10 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Freddie Mercer</p> <p>Mailing Address 2171 NW 29th Ave.</p> <p>City Fort Lauderdale State FL Zip Code 33313</p> <p>Purpose of Disbursement Per Diem</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> D344469</p> <p>Date of Disbursement 10 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Freddie Mercer</p> <p>Mailing Address 2171 NW 29th Ave.</p> <p>City Fort Lauderdale State FL Zip Code 33313</p> <p>Purpose of Disbursement Per Diem</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> D344470</p> <p>Date of Disbursement 10 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 280.00</p>

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

360.00

**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) Carolyn Metayer	Transaction ID: D344815 Date of Disbursement 11 / 02 / 2010
	Mailing Address 2900 NW 56th Ave, Apt D402	Amount of Each Disbursement this Period 160.00
	City Fort Lauderdale State FL Zip Code 33313	
	Purpose of Disbursement Per Diem	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) Nicholas Michalik	Transaction ID: D339371 Date of Disbursement 10 / 15 / 2010
	Mailing Address 9452 Laura Ann Drive	Amount of Each Disbursement this Period 1037.55
	City Seminole State FL Zip Code 33776	
	Purpose of Disbursement Salary	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) Nicholas Michalik	Transaction ID: D339749 Date of Disbursement 10 / 30 / 2010
	Mailing Address 9452 Laura Ann Drive	Amount of Each Disbursement this Period 1037.56
	City Seminole State FL Zip Code 33776	
	Purpose of Disbursement Salary	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) .....	2235.11
<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) Nicholas Michalik</p> <p>Mailing Address 9452 Laura Ann Drive</p> <p>City Seminole State FL Zip Code 33776</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D332230 <b>Date of Disbursement</b> 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Nicholas Michalik</p> <p>Mailing Address 9452 Laura Ann Drive</p> <p>City Seminole State FL Zip Code 33776</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D340360 <b>Date of Disbursement</b> 11 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 384.08</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Earle Milledge</p> <p>Mailing Address 3241 SW 40th Ave</p> <p>City West Park State FL Zip Code 33023-5667</p> <p>Purpose of Disbursement Per Diem</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> D344820 <b>Date of Disbursement</b> 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 200.00</p>

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

649.08

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

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

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

FOR LINE NUMBER:  
(check only one)

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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) Katie Milledge	Transaction ID: D344817 Date of Disbursement 11 / 02 / 2010
	Mailing Address 3241 SW 40th Ave	Amount of Each Disbursement this Period 760.00
	City West Park State FL Zip Code 33023-5667	
	Purpose of Disbursement Per Diem	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) Alyssa Miller	Transaction ID: D339600 Date of Disbursement 10 / 30 / 2010
	Mailing Address 900 Riggins Road #723	Amount of Each Disbursement this Period 1295.39
	City Tallahassee State FL Zip Code 32308	
	Purpose of Disbursement Salary	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) Alyssa Miller	Transaction ID: D339309 Date of Disbursement 10 / 15 / 2010
	Mailing Address 900 Riggins Road #723	Amount of Each Disbursement this Period 1295.38
	City Tallahassee State FL Zip Code 32308	
	Purpose of Disbursement Salary	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>3350.77</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)

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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) Alyssa Miller</p> <p>Mailing Address 900 Riggins Road #723</p> <p>City Tallahassee State FL Zip Code 32308</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D339348</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1295.38"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Dannetta Miller</p> <p>Mailing Address 1406 NW 6 St.</p> <p>City Fort Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D344471</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="280.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Derek Miller</p> <p>Mailing Address 4300 NW 19th St. apt. I-109</p> <p>City Fort Lauderdale State FL Zip Code 33313</p> <p>Purpose of Disbursement Per Diem</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> D344472</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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) Derek Miller</p> <p>Mailing Address 4300 NW 19th St. apt. I-109</p> <p>City Fort Lauderdale State FL Zip Code 33313</p> <p>Purpose of Disbursement Per Diem</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> D344473 <b>Date of Disbursement</b> 10 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Derek Miller</p> <p>Mailing Address 4300 NW 19th St. apt. I-109</p> <p>City Fort Lauderdale State FL Zip Code 33313</p> <p>Purpose of Disbursement Per Diem</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> D344474 <b>Date of Disbursement</b> 10 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Derek Miller</p> <p>Mailing Address 4300 NW 19th St. apt. I-109</p> <p>City Fort Lauderdale State FL Zip Code 33313</p> <p>Purpose of Disbursement Per Diem</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> D344475 <b>Date of Disbursement</b> 10 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>

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

120.00

**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) Derek Miller  Mailing Address 4300 NW 19th St. apt. I-109  City Fort Lauderdale State FL Zip Code 33313  Purpose of Disbursement Per Diem 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: D344476 Date of Disbursement 10 / 18 / 2010	Amount of Each Disbursement this Period 40.00
B.	Full Name (Last, First, Middle Initial) Derek Miller  Mailing Address 4300 NW 19th St. apt. I-109  City Fort Lauderdale State FL Zip Code 33313  Purpose of Disbursement Per Diem 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: D344477 Date of Disbursement 10 / 18 / 2010	Amount of Each Disbursement this Period 40.00
C.	Full Name (Last, First, Middle Initial) Derek Miller  Mailing Address 4300 NW 19th St. apt. I-109  City Fort Lauderdale State FL Zip Code 33313  Purpose of Disbursement Per Diem 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: D344479 Date of Disbursement 10 / 19 / 2010	Amount of Each Disbursement this Period 640.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	720.00
<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) Michelle Miller	Transaction ID: D344375 Date of Disbursement 10 / 23 / 2010
	Mailing Address 1017 Buchanan St	Amount of Each Disbursement this Period 80.00
	City Hollywood State FL Zip Code 33019-1106	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Odessa Miller	Transaction ID: D342388 Date of Disbursement 10 / 23 / 2010
	Mailing Address 1045 NW 37 St	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33127	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Odessa Miller	Transaction ID: D342389 Date of Disbursement 10 / 23 / 2010
	Mailing Address 1045 NW 37 St	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33127	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	▶	160.00
<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) Odessa Miller	Transaction ID: D342390
	Mailing Address 1045 NW 37 St	Date of Disbursement 10 / 25 / 2010
	City Miami State FL Zip Code 33127	Amount of Each Disbursement this Period 40.00
	Purpose of Disbursement Per Diem	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) Odessa Miller	Transaction ID: D342391
	Mailing Address 1045 NW 37 St	Date of Disbursement 10 / 25 / 2010
	City Miami State FL Zip Code 33127	Amount of Each Disbursement this Period 40.00
	Purpose of Disbursement Per Diem	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) Trey Miller	Transaction ID: D339238
	Mailing Address 2869 Aein Road	Date of Disbursement 10 / 26 / 2010
	City Orlando State FL Zip Code 32817	Amount of Each Disbursement this Period 290.00
	Purpose of Disbursement Salary	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>370.00</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)

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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) Reneisha Millington	Transaction ID: D344487 Date of Disbursement 10 / 18 / 2010
	Mailing Address 2789 NW 13th St	Amount of Each Disbursement this Period 40.00
	City Fort Lauderdale State FL Zip Code 33311-5227	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Reneisha Millington	Transaction ID: D344488 Date of Disbursement 10 / 18 / 2010
	Mailing Address 2789 NW 13th St	Amount of Each Disbursement this Period 40.00
	City Fort Lauderdale State FL Zip Code 33311-5227	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Reneisha Millington	Transaction ID: D344482 Date of Disbursement 10 / 16 / 2010
	Mailing Address 2789 NW 13th St	Amount of Each Disbursement this Period 40.00
	City Fort Lauderdale State FL Zip Code 33311-5227	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) ..... ▶

120.00

**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) Reneisha Millington	Transaction ID: D344484 Date of Disbursement
	Mailing Address 2789 NW 13th St	<input type="text" value="10"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Fort Lauderdale State FL Zip Code 33311-5227	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="40.00"/>
	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) Reneisha Millington	Transaction ID: D344485 Date of Disbursement
	Mailing Address 2789 NW 13th St	<input type="text" value="10"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Fort Lauderdale State FL Zip Code 33311-5227	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="40.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Reneisha Millington	Transaction ID: D344489 Date of Disbursement
	Mailing Address 2789 NW 13th St	<input type="text" value="10"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Fort Lauderdale State FL Zip Code 33311-5227	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="680.00"/>
	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="760.00"/>
<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Reneisha Millington</p> <p>Mailing Address 2789 NW 13th St</p> <p>City Fort Lauderdale State FL Zip Code 33311-5227</p> <p>Purpose of Disbursement Per Diem</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> D344490 <b>Date of Disbursement</b> 10 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Luciano Milqueya</p> <p>Mailing Address 6348 SW 23rd St</p> <p>City Miramar State FL Zip Code 33023-2839</p> <p>Purpose of Disbursement Per Diem</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> D340395 <b>Date of Disbursement</b> 10 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Luciano Milqueya</p> <p>Mailing Address 6348 SW 23rd St</p> <p>City Miramar State FL Zip Code 33023-2839</p> <p>Purpose of Disbursement Per Diem</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> D340396 <b>Date of Disbursement</b> 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>

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

160.00

**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) Raymond Minami</p> <p>Mailing Address 29 Columbus Ct</p> <p>City Palm Coast State FL Zip Code 32137</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> D339968 <b>Date of Disbursement</b> 11 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 585.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Francisco Miranda</p> <p>Mailing Address 308 NE 12th Ave</p> <p>City Boynton Beach State FL Zip Code 33435</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> D340107 <b>Date of Disbursement</b> 10 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 200.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Juan Misedona</p> <p>Mailing Address 921 Indian River Street, Box 340G</p> <p>City Boca Raton State FL Zip Code 33433</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> D340157 <b>Date of Disbursement</b> 10 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 187.50</p>

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

972.50

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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) Mission Control</p> <p>Mailing Address 114 A Mansfield Hollow Road</p> <p>City Mansfield Center State CT Zip Code 06250</p> <p>Purpose of Disbursement Direct Mail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D334368</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="49762.66"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mission Control</p> <p>Mailing Address 114 A Mansfield Hollow Road</p> <p>City Mansfield Center State CT Zip Code 06250</p> <p>Purpose of Disbursement Direct Mail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D331210</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="164014.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mission Control</p> <p>Mailing Address 114 A Mansfield Hollow Road</p> <p>City Mansfield Center State CT Zip Code 06250</p> <p>Purpose of Disbursement Direct Mail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D346217</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="32323.76"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="246100.42"/></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) Carol Mitchell</p> <p>Mailing Address 1017 Buchanan St</p> <p>City Hollywood State FL Zip Code 33019</p> <p>Purpose of Disbursement Per Diem</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> D344379</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="200.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Christie Mitchell</p> <p>Mailing Address 5308 Glasgow Ave</p> <p>City Orlando State FL Zip Code 32819</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D339967</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="585.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kenneth Mitchell</p> <p>Mailing Address 1890 NW 47th St</p> <p>City Miami State FL Zip Code 33142-4045</p> <p>Purpose of Disbursement Per Diem</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> D342259</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>

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

**865.00**

**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) Kenneth Mitchell</p> <p>Mailing Address 1890 NW 47th St</p> <p>City Miami State FL Zip Code 33142-4045</p> <p>Purpose of Disbursement Per Diem</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> D342260 <b>Date of Disbursement</b> 10 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Kenneth Mitchell</p> <p>Mailing Address 1890 NW 47th St</p> <p>City Miami State FL Zip Code 33142-4045</p> <p>Purpose of Disbursement Per Diem</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> D342261 <b>Date of Disbursement</b> 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Melvin Mitchell</p> <p>Mailing Address 2631 NW 9th Street</p> <p>City Pompano Beach State FL Zip Code 33069</p> <p>Purpose of Disbursement Per Diem</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> D344505 <b>Date of Disbursement</b> 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 240.00</p>

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

400.00

**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) Briana Mohorn	Transaction ID: D344579 Date of Disbursement 11 / 02 / 2010
	Mailing Address 1301 NW 4th Street	Amount of Each Disbursement this Period 600.00
	City Fort Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem	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) Janiece Mojica	Transaction ID: D344383 Date of Disbursement 10 / 23 / 2010
	Mailing Address 1885 W 56th St Apt 410	Amount of Each Disbursement this Period 200.00
	City Hialeah State FL Zip Code 33012-7362	
	Purpose of Disbursement Per Diem	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) Santos Mojica	Transaction ID: D344386 Date of Disbursement 10 / 23 / 2010
	Mailing Address 1885 W 56th St Apt 410	Amount of Each Disbursement this Period 160.00
	City Hialeah State FL Zip Code 33012-7362	
	Purpose of Disbursement Per Diem	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

960.00

**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) Cristina Montalvo	Transaction ID: D340121 Date of Disbursement 10 / 31 / 2010
	Mailing Address 5650 Pacific Blvd. Apt 1105	Amount of Each Disbursement this Period 162.50
	City Boca Raton State FL Zip Code 33433	
	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) Patricia Montgomery	Transaction ID: D340182 Date of Disbursement 11 / 03 / 2010
	Mailing Address 6515 Beal Lane	Amount of Each Disbursement this Period 780.00
	City Lakeland State FL Zip Code 33813	
	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) Arthur Moore	Transaction ID: D340321 Date of Disbursement 10 / 31 / 2010
	Mailing Address 1816 NW 92nd St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33147-3134	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	▶	1022.50
<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

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) Arthur Moore	Transaction ID: D340322 Date of Disbursement 11 / 01 / 2010
	Mailing Address 1816 NW 92nd St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33147-3134	
	Purpose of Disbursement Per Diem	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) Arthur Moore	Transaction ID: D340323 Date of Disbursement 11 / 02 / 2010
	Mailing Address 1816 NW 92nd St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33147-3134	
	Purpose of Disbursement Per Diem	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) Gonzalo J. Morales	Transaction ID: D339907 Date of Disbursement 11 / 01 / 2010
	Mailing Address 1200 Ponce De Leon Blvd, Second Fl	Amount of Each Disbursement this Period 5000.00
	City Miami State FL Zip Code 33134	
	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>5160.00</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)

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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) Ishmael Moreland</p> <p>Mailing Address 10500 SW 17 Ct</p> <p>City Hollywood State FL Zip Code 33025</p> <p>Purpose of Disbursement Per Diem</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> D341439</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ishmael Moreland</p> <p>Mailing Address 10500 SW 17 Ct</p> <p>City Hollywood State FL Zip Code 33025</p> <p>Purpose of Disbursement Per Diem</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> D341440</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ishmael Moreland</p> <p>Mailing Address 10500 SW 17 Ct</p> <p>City Hollywood State FL Zip Code 33025</p> <p>Purpose of Disbursement Per Diem</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> D341441</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="240.00"/>
<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) Ishmael Moreland	Transaction ID: D341442 Date of Disbursement 11 / 02 / 2010
	Mailing Address 10500 SW 17 Ct	Amount of Each Disbursement this Period 80.00
	City Hollywood State FL Zip Code 33025	
	Purpose of Disbursement Per Diem	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) Ms. Anne O Morgan	Transaction ID: D339291 Date of Disbursement 10 / 15 / 2010
	Mailing Address 741 W Keller St	Amount of Each Disbursement this Period 2907.78
	City Hernando State FL Zip Code 34442-8810	
	Purpose of Disbursement Salary	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) Ms. Anne O Morgan	Transaction ID: D339592 Date of Disbursement 10 / 30 / 2010
	Mailing Address 741 W Keller St	Amount of Each Disbursement this Period 2907.77
	City Hernando State FL Zip Code 34442-8810	
	Purpose of Disbursement Salary	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>5895.55</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)

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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) Rafael Morillo	Transaction ID: D339933 Date of Disbursement 11 / 03 / 2010
	Mailing Address 2314 Roanoke Springs Drive	Amount of Each Disbursement this Period 520.00
	City Ruskin State FL Zip Code 33570	
	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) Jonte Morris	Transaction ID: D339936 Date of Disbursement 11 / 03 / 2010
	Mailing Address 8050 Arlington Expressway #J-1912	Amount of Each Disbursement this Period 455.00
	City Jacksonville State FL Zip Code 32211	
	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) Rosanna Morris	Transaction ID: D340139 Date of Disbursement 10 / 31 / 2010
	Mailing Address 8311 NW 53rd Street	Amount of Each Disbursement this Period 325.00
	City Fort Lauderdale State FL Zip Code 33313	
	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) .....	▶	1300.00
<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) George Morse	Transaction ID: D341251 Date of Disbursement 11 / 15 / 2010
	Mailing Address 1908 NW 41st Ave Apt 108	Amount of Each Disbursement this Period 1014.39
	City Boca Raton State FL Zip Code 33432	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) George Morse	Transaction ID: D339492 Date of Disbursement 10 / 30 / 2010
	Mailing Address 1908 NW 41st Ave Apt 108	Amount of Each Disbursement this Period 1014.39
	City Boca Raton State FL Zip Code 33432	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kathleen Munsford	Transaction ID: D342087 Date of Disbursement 10 / 30 / 2010
	Mailing Address 16835 NW 42nd Ave	Amount of Each Disbursement this Period 80.00
	City Miami Gardens State FL Zip Code 33055-4403	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) ..... ▶

2108.78

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

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

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

FOR LINE NUMBER:  
(check only one)

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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) Kathleen Munsford</p> <p>Mailing Address 16835 NW 42nd Ave</p> <p>City Miami Gardens State FL Zip Code 33055-4403</p> <p>Purpose of Disbursement Per Diem</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> D342088</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Kathleen Munsford</p> <p>Mailing Address 16835 NW 42nd Ave</p> <p>City Miami Gardens State FL Zip Code 33055-4403</p> <p>Purpose of Disbursement Per Diem</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> D342089</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kathleen Munsford</p> <p>Mailing Address 16835 NW 42nd Ave</p> <p>City Miami Gardens State FL Zip Code 33055-4403</p> <p>Purpose of Disbursement Per Diem</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> D342090</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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) Jonathan Murphy</p> <p>Mailing Address 4951 NW 181st Ter</p> <p>City Miami Gardens State FL Zip Code 33055-2916</p> <p>Purpose of Disbursement Per Diem</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> D340570</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ruthland Murphy</p> <p>Mailing Address 750 SW 7th St</p> <p>City Miami State FL Zip Code 33130-3355</p> <p>Purpose of Disbursement Per Diem</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> D342392</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Bettye Murray</p> <p>Mailing Address 2404 South Lipscomb Street</p> <p>City Melbourne State FL Zip Code 32901</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D339981</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="260.00"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="340.00"/></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

A.	Full Name (Last, First, Middle Initial) Linda Murray	Transaction ID: D340627 Date of Disbursement 11 / 02 / 2010
	Mailing Address 12504 W Randall Park Dr	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33167-2165	
	Purpose of Disbursement Per Diem	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Marra Adell Murray	Transaction ID: D339979 Date of Disbursement 11 / 04 / 2010
	Mailing Address 2404 S. Lipscomb Street	Amount of Each Disbursement this Period 260.00
	City Melbourne State FL Zip Code 32901	
	Purpose of Disbursement Salary	Category/ Type
	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) Ricky Murray	Transaction ID: D339561 Date of Disbursement 10 / 30 / 2010
	Mailing Address 1810 Pasco Street	Amount of Each Disbursement this Period 106.20
	City Tallahassee State FL Zip Code 32301	
	Purpose of Disbursement Salary	Category/ Type
	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) .....	▶	446.20
<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) Anthony Nagatani</p> <p>Mailing Address 1300 Elizabeth Ave #15</p> <p>City Las Vegas State NV Zip Code 89119</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> D340387 <b>Date of Disbursement</b> 11 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 554.13</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Anthony Nagatani</p> <p>Mailing Address 1300 Elizabeth Ave #15</p> <p>City Las Vegas State NV Zip Code 89119</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> D339739 <b>Date of Disbursement</b> 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1501.40</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Anthony Nagatani</p> <p>Mailing Address 1300 Elizabeth Ave #15</p> <p>City Las Vegas State NV Zip Code 89119</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> D339313 <b>Date of Disbursement</b> 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1753.95</p>

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

3809.48

**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) Anthony Nagatani</p> <p>Mailing Address 1300 Elizabeth Ave #15</p> <p>City Las Vegas State NV Zip Code 89119</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D338473 <b>Date of Disbursement</b> 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Cary Nation</p> <p>Mailing Address 1400 NW 9th Ave Apt 16</p> <p>City Boca Raton State FL Zip Code 33486-1326</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D339569 <b>Date of Disbursement</b> 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 936.05</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Reuben Neff</p> <p>Mailing Address 2218 East 9th Ave</p> <p>City Tampa State FL Zip Code 33605</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D339745 <b>Date of Disbursement</b> 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1792.56</p>

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

2793.61

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

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

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

FOR LINE NUMBER:  
(check only one)

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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) Reuben Neff</p> <p>Mailing Address 2218 East 9th Ave</p> <p>City Tampa State FL Zip Code 33605</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D340406</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="673.98"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Rueben Neff</p> <p>Mailing Address 2218 East 9th Ave</p> <p>City Tampa State FL Zip Code 33605</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D332226</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="65.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Rueben Neff</p> <p>Mailing Address 2218 East 9th Ave</p> <p>City Tampa State FL Zip Code 33605</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D339324</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1792.56"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2531.54"/>
<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Johnathon Nelson</p> <p>Mailing Address 4577 NW 41st</p> <p>City Miami State FL Zip Code 33161</p> <p>Purpose of Disbursement Per Diem</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> D344507</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Johnathon Nelson</p> <p>Mailing Address 4577 NW 41st</p> <p>City Miami State FL Zip Code 33161</p> <p>Purpose of Disbursement Per Diem</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> D344509</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Johnathon Nelson</p> <p>Mailing Address 4577 NW 41st</p> <p>City Miami State FL Zip Code 33161</p> <p>Purpose of Disbursement Per Diem</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> D344510</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="120.00"/>
<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) Johnathon Nelson	Transaction ID: D344511 Date of Disbursement 10 / 18 / 2010
	Mailing Address 4577 NW 41st	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33161	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Johnathon Nelson	Transaction ID: D344512 Date of Disbursement 10 / 30 / 2010
	Mailing Address 4577 NW 41st	Amount of Each Disbursement this Period 480.00
	City Miami State FL Zip Code 33161	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Paul Nelson	Transaction ID: D344514 Date of Disbursement 10 / 26 / 2010
	Mailing Address 2740 NE 26th Street	Amount of Each Disbursement this Period 280.00
	City Fort Lauderdale State FL Zip Code 33305	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	800.00
<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) Sophia Nelson</p> <p>Mailing Address 5883 Caribbean Blvd Apt. 33407</p> <p>City West Palm Beach State FL Zip Code 33407</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> D341256 <b>Date of Disbursement</b> 11 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1192.24</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Sophia Nelson</p> <p>Mailing Address 5883 Caribbean Blvd Apt. 33407</p> <p>City West Palm Beach State FL Zip Code 33407</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> D340055 <b>Date of Disbursement</b> 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1192.26</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Sophia Nelson</p> <p>Mailing Address 5883 Caribbean Blvd Apt. 33407</p> <p>City West Palm Beach State FL Zip Code 33407</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> D339511 <b>Date of Disbursement</b> 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1192.26</p>

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

3576.76

**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

<b>A.</b>	Full Name (Last, First, Middle Initial) Vick Nelson  Mailing Address 420 NW 117th Street  City Miami State FL Zip Code 33168  Purpose of Disbursement Per Diem 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>Transaction ID:</b> D344516 Date of Disbursement 10 / 26 / 2010  Amount of Each Disbursement this Period 120.00	
<b>B.</b>	Full Name (Last, First, Middle Initial) New Partners Consulting, Inc.  Mailing Address 401 9th St NW Ste 725  City Washington State DC Zip Code 20004-2176  Purpose of Disbursement Consulting/Fundraising 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>Transaction ID:</b> D334402 Date of Disbursement 10 / 22 / 2010  Amount of Each Disbursement this Period 1227.37	
<b>C.</b>	Full Name (Last, First, Middle Initial) New Partners Consulting, Inc.  Mailing Address 401 9th St NW Ste 725  City Washington State DC Zip Code 20004-2176  Purpose of Disbursement Consulting/Fundraising 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>Transaction ID:</b> D339206 Date of Disbursement 10 / 29 / 2010  Amount of Each Disbursement this Period 11800.00	

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

13147.37

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

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

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

FOR LINE NUMBER: (check only one)

<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) New Partners Consulting, Inc.	Transaction ID: D338435 Date of Disbursement
	Mailing Address 401 9th St NW Ste 725	<input type="text" value="10"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20004-2176	Amount of Each Disbursement this Period
	Purpose of Disbursement Consulting/Fundraising	<input type="text" value="24666.62"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) New Partners Consulting, Inc.	Transaction ID: D338478 Date of Disbursement
	Mailing Address 401 9th St NW Ste 725	<input type="text" value="10"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20004-2176	Amount of Each Disbursement this Period
	Purpose of Disbursement Consulting/Polling	<input type="text" value="1227.37"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) Chuck Ney	Transaction ID: D344388 Date of Disbursement
	Mailing Address 234 NE 79th St Apt 1208	<input type="text" value="10"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Miami State FL Zip Code 33138-4998	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="160.00"/>
	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="26053.99"/>
<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) Kerry Nicholson</p> <p>Mailing Address 3252 Sawgrass Creek Circle</p> <p>City Saint Cloud State FL Zip Code 34772</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D340349</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="673.98"/></p> <p>Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Kerry Nicholson</p> <p>Mailing Address 3252 Sawgrass Creek Circle</p> <p>City Saint Cloud State FL Zip Code 34772</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D332240</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="65.00"/></p> <p>Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kerry Nicholson</p> <p>Mailing Address 3252 Sawgrass Creek Circle</p> <p>City Saint Cloud State FL Zip Code 34772</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D339356</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1792.56"/></p> <p>Category/Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="2531.54"/></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

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) Kerry Nicholson	Transaction ID: D339666 Date of Disbursement 10 / 30 / 2010
	Mailing Address 3252 Sawgrass Creek Circle	Amount of Each Disbursement this Period 1792.56
	City Saint Cloud State FL Zip Code 34772	
	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) Tarin Nix	Transaction ID: D339526 Date of Disbursement 10 / 30 / 2010
	Mailing Address 11121 N Kendall Dr Apt A104	Amount of Each Disbursement this Period 3031.14
	City Miami State FL Zip Code 33176-0905	
	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) Brenda Nixon	Transaction ID: D344522 Date of Disbursement 10 / 17 / 2010
	Mailing Address 2801 Somerset Dr.	Amount of Each Disbursement this Period 40.00
	City Fort Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) ..... ▶

4863.70

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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) Brenda Nixon</p> <p>Mailing Address 2801 Somerset Dr.</p> <p>City Fort Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D344523</p> <p>Date of Disbursement 10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 240.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Brenda Nixon</p> <p>Mailing Address 2801 Somerset Dr.</p> <p>City Fort Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D344520</p> <p>Date of Disbursement 10 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Vick Nolan</p> <p>Mailing Address 337 NW 30</p> <p>City Fort Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D344535</p> <p>Date of Disbursement 10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 160.00</p>

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

440.00

**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) Jameel Normohamed	Transaction ID: D344390 Date of Disbursement 10 / 23 / 2010
	Mailing Address 6001 SW 40th Ct	Amount of Each Disbursement this Period 360.00
	City Miramar State FL Zip Code 33023-5111	
	Purpose of Disbursement Per Diem	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) Cynthia M O'Hara	Transaction ID: D339983 Date of Disbursement 11 / 04 / 2010
	Mailing Address P.O. Box 2352	Amount of Each Disbursement this Period 325.00
	City Naples State FL Zip Code 34106	
	Purpose of Disbursement Salary	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) Rona Obas	Transaction ID: D340140 Date of Disbursement 10 / 31 / 2010
	Mailing Address 2253 NW 56th Ave	Amount of Each Disbursement this Period 243.75
	City Fort Lauderdale State FL Zip Code 33313	
	Purpose of Disbursement Salary	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) .....	928.75
<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) Stephanie Obas	Transaction ID: D344538 Date of Disbursement 11 / 02 / 2010
	Mailing Address 4211 NW 41 St apt 208	Amount of Each Disbursement this Period 40.00
	City Fort Lauderdale State FL Zip Code 33319	
	Purpose of Disbursement Per Diem	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) Office Depot-Corporate	Transaction ID: D338862 Date of Disbursement 10 / 27 / 2010
	Mailing Address PO Box 633211	Amount of Each Disbursement this Period 175.10
	City Cincinnati State OH Zip Code 45263-3211	
	Purpose of Disbursement Admin Office Supplies	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) Office Depot-Corporate	Transaction ID: D338863 Date of Disbursement 10 / 27 / 2010
	Mailing Address PO Box 633211	Amount of Each Disbursement this Period 363.32
	City Cincinnati State OH Zip Code 45263-3211	
	Purpose of Disbursement Admin Office Supplies	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>578.42</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)

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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) Office Depot-Corporate	Transaction ID: D338864 Date of Disbursement
	Mailing Address PO Box 633211	<input type="text" value="10"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Cincinnati State OH Zip Code 45263-3211	Amount of Each Disbursement this Period
	Purpose of Disbursement Admin Office Supplies	<input type="text" value="542.80"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Office Depot-Corporate	Transaction ID: D338865 Date of Disbursement
	Mailing Address PO Box 633211	<input type="text" value="10"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Cincinnati State OH Zip Code 45263-3211	Amount of Each Disbursement this Period
	Purpose of Disbursement Admin Office Supplies	<input type="text" value="102.01"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Office Depot-Corporate	Transaction ID: D338866 Date of Disbursement
	Mailing Address PO Box 633211	<input type="text" value="10"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Cincinnati State OH Zip Code 45263-3211	Amount of Each Disbursement this Period
	Purpose of Disbursement Admin Office Supplies	<input type="text" value="392.76"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1037.57"/>
<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) Office Depot-Corporate</p> <p>Mailing Address PO Box 633211</p> <p>City Cincinnati State OH Zip Code 45263-3211</p> <p>Purpose of Disbursement Admin Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D338867</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="102.75"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Office Depot-Corporate</p> <p>Mailing Address PO Box 633211</p> <p>City Cincinnati State OH Zip Code 45263-3211</p> <p>Purpose of Disbursement Admin Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D338869</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="764.84"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Office Depot-Corporate</p> <p>Mailing Address PO Box 633211</p> <p>City Cincinnati State OH Zip Code 45263-3211</p> <p>Purpose of Disbursement Admin Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D338871</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="288.47"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1156.06"/>
<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></p> <p>Full Name (Last, First, Middle Initial) Office Depot-Corporate</p> <p>Mailing Address PO Box 633211</p> <p>City Cincinnati State OH Zip Code 45263-3211</p> <p>Purpose of Disbursement Admin Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D338872</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="115.92"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Office Depot-Corporate</p> <p>Mailing Address PO Box 633211</p> <p>City Cincinnati State OH Zip Code 45263-3211</p> <p>Purpose of Disbursement Admin Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D338873</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="229.69"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Office Depot-Corporate</p> <p>Mailing Address PO Box 633211</p> <p>City Cincinnati State OH Zip Code 45263-3211</p> <p>Purpose of Disbursement Admin Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D338874</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="128.50"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="474.11"/>
<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></p> <p>Full Name (Last, First, Middle Initial) Office Depot-Corporate</p> <p>Mailing Address PO Box 633211</p> <p>City Cincinnati State OH Zip Code 45263-3211</p> <p>Purpose of Disbursement Admin Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D338875</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="73.56"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Office Depot-Corporate</p> <p>Mailing Address PO Box 633211</p> <p>City Cincinnati State OH Zip Code 45263-3211</p> <p>Purpose of Disbursement Admin Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D338876</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="829.50"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Office Depot-Corporate</p> <p>Mailing Address PO Box 633211</p> <p>City Cincinnati State OH Zip Code 45263-3211</p> <p>Purpose of Disbursement Admin Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D338877</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="409.70"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="1312.76"/></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

A.	Full Name (Last, First, Middle Initial) Office Depot-Corporate	Transaction ID: D339946 Date of Disbursement
	Mailing Address PO Box 633211	<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City Cincinnati State OH Zip Code 45263-3211	Amount of Each Disbursement this Period
	Purpose of Disbursement Admin Office Supplies	<input type="text" value="744.16"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Office Depot-Corporate	Transaction ID: D338861 Date of Disbursement
	Mailing Address PO Box 633211	<input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City Cincinnati State OH Zip Code 45263-3211	Amount of Each Disbursement this Period
	Purpose of Disbursement Admin Office Supplies	<input type="text" value="131.32"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Bernadette Ohran	Transaction ID: D339391 Date of Disbursement
	Mailing Address 155 55th Avenue NE	<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City Saint Petersburg State FL Zip Code 33703	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary	<input type="text" value="223.49"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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="1098.97"/>
<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) Frederic Oleon</p> <p>Mailing Address 910 NW 141st St</p> <p>City Miami State FL Zip Code 33168-6825</p> <p>Purpose of Disbursement Per Diem</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> D340860</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Frederic Oleon</p> <p>Mailing Address 910 NW 141st St</p> <p>City Miami State FL Zip Code 33168-6825</p> <p>Purpose of Disbursement Per Diem</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> D340861</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Frederic Oleon</p> <p>Mailing Address 910 NW 141st St</p> <p>City Miami State FL Zip Code 33168-6825</p> <p>Purpose of Disbursement Per Diem</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> D340862</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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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) Frederic Oleon	Transaction ID: D340863 Date of Disbursement 11 / 02 / 2010
	Mailing Address 910 NW 141st St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33168-6825	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Frederic Oleon	Transaction ID: D340864 Date of Disbursement 11 / 02 / 2010
	Mailing Address 910 NW 141st St	Amount of Each Disbursement this Period 10.00
	City Miami State FL Zip Code 33168-6825	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Robert Osbourne	Transaction ID: D344541 Date of Disbursement 10 / 30 / 2010
	Mailing Address 331 NE 48	Amount of Each Disbursement this Period 240.00
	City Pompano Beach State FL Zip Code 33064	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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>330.00</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)

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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) Michael Ospina	Transaction ID: D340141 Date of Disbursement 10 / 31 / 2010
	Mailing Address 672 NW 133rd Drive	Amount of Each Disbursement this Period 100.00
	City Fort Lauderdale State FL Zip Code 33325	
	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) Kimberly Ostrower	Transaction ID: D340142 Date of Disbursement 10 / 31 / 2010
	Mailing Address 3401 West Hillsboro Rd	Amount of Each Disbursement this Period 312.50
	City Pompano Beach State FL Zip Code 33073	
	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) Robert Ostrower	Transaction ID: D340143 Date of Disbursement 10 / 31 / 2010
	Mailing Address 4950 NW 54th Street	Amount of Each Disbursement this Period 312.50
	City Pompano Beach State FL Zip Code 33073	
	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) .....	725.00
<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) Addie Owens</p> <p>Mailing Address 1149 NW 41 Terr</p> <p>City Fort Lauderdale State FL Zip Code 33313</p> <p>Purpose of Disbursement Per Diem</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> D344544</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Kimberly Owens</p> <p>Mailing Address 1017 Buchanan St</p> <p>City Hollywood State FL Zip Code 33019-1106</p> <p>Purpose of Disbursement Per Diem</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> D344392</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Luis Pagan</p> <p>Mailing Address 538 South Conway Road Apt B</p> <p>City Orlando State FL Zip Code 32807</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D339241</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="480.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="560.00"/>
<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Derrick Palmer</p> <p>Mailing Address 6851 SW 26th Ct</p> <p>City Miramar State FL Zip Code 33023-3746</p> <p>Purpose of Disbursement Per Diem</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> D340478</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Derrick Palmer</p> <p>Mailing Address 6851 SW 26th Ct</p> <p>City Miramar State FL Zip Code 33023-3746</p> <p>Purpose of Disbursement Per Diem</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> D340479</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Derrick Palmer</p> <p>Mailing Address 6851 SW 26th Ct</p> <p>City Miramar State FL Zip Code 33023-3746</p> <p>Purpose of Disbursement Per Diem</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> D340480</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="240.00"/>
<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Anthony Parets</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> D339648 <b>Date of Disbursement</b> 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1083.88</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Anthony Parets</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> D339332 <b>Date of Disbursement</b> 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1887.27</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Anthony Parets</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> D340293 <b>Date of Disbursement</b> 11 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 384.79</p>

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

3355.94

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mikeal Parlow</p> <p>Mailing Address 615 Mt Olympus Blvd.</p> <p>City New Smyrna Beach State FL Zip Code 32168</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> D339518 <b>Date of Disbursement</b> 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 650.80</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mikeal Parlow</p> <p>Mailing Address 615 Mt Olympus Blvd.</p> <p>City New Smyrna Beach State FL Zip Code 32168</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> D341264 <b>Date of Disbursement</b> 11 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 650.80</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Suzette Paul</p> <p>Mailing Address 7540 NE Ciami Court</p> <p>City Miami State FL Zip Code 33138</p> <p>Purpose of Disbursement Per Diem 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> D344547 <b>Date of Disbursement</b> 10 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>

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

1341.60

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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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) Shiena Payne</p> <p>Mailing Address 2157 NW 68th Ter</p> <p>City Miami State FL Zip Code 33147-7308</p> <p>Purpose of Disbursement Per Diem</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> D340225 <b>Date of Disbursement</b> 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Shiena Payne</p> <p>Mailing Address 2157 NW 68th Ter</p> <p>City Miami State FL Zip Code 33147-7308</p> <p>Purpose of Disbursement Per Diem</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> D340226 <b>Date of Disbursement</b> 10 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Shiena Payne</p> <p>Mailing Address 2157 NW 68th Ter</p> <p>City Miami State FL Zip Code 33147-7308</p> <p>Purpose of Disbursement Per Diem</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> D340227 <b>Date of Disbursement</b> 11 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>240.00</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 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) Travalle Payne	Transaction ID: D339562 Date of Disbursement 10 / 30 / 2010
	Mailing Address 1850 Meriadoc Court	Amount of Each Disbursement this Period 73.88
	City Tallahassee State FL Zip Code 32303	
	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) Travalle Payne	Transaction ID: D340597 Date of Disbursement 11 / 02 / 2010
	Mailing Address 1850 Meriadoc Court	Amount of Each Disbursement this Period 30.00
	City Tallahassee State FL Zip Code 32303	
	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) Payroll Matters	Transaction ID: D339409 Date of Disbursement 10 / 15 / 2010
	Mailing Address 2069 North Monroe Street	Amount of Each Disbursement this Period 18476.94
	City Tallahassee State FL Zip Code 32303	
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	18580.82
<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) Payroll Matters</p> <p>Mailing Address 2069 North Monroe Street</p> <p>City Tallahassee State FL Zip Code 32303</p> <p>Purpose of Disbursement Payroll Taxes</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> D339411 <b>Date of Disbursement</b> 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 35894.01</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Payroll Matters</p> <p>Mailing Address 2069 North Monroe Street</p> <p>City Tallahassee State FL Zip Code 32303</p> <p>Purpose of Disbursement Payroll Taxes</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> D339416 <b>Date of Disbursement</b> 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 290.15</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Payroll Matters</p> <p>Mailing Address 2069 North Monroe Street</p> <p>City Tallahassee State FL Zip Code 32303</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> D342757 <b>Date of Disbursement</b> 11 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 6249.38</p>

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

42433.54

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

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

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

FOR LINE NUMBER:  
(check only one)

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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) PC Signs	Transaction ID: D341103 Date of Disbursement
	Mailing Address 2534 Commerce Blvd.	<input type="text" value="11"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Cincinnati State OH Zip Code 45241	Amount of Each Disbursement this Period
	Purpose of Disbursement Printing	<input type="text" value="1000.00"/>
	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) PC Signs	Transaction ID: D338437 Date of Disbursement
	Mailing Address 2534 Commerce Blvd.	<input type="text" value="10"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Cincinnati State OH Zip Code 45241	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail	<input type="text" value="24680.61"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) PC Signs	Transaction ID: D338578 Date of Disbursement
	Mailing Address 2534 Commerce Blvd.	<input type="text" value="10"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Cincinnati State OH Zip Code 45241	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail	<input type="text" value="23195.00"/>
	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="48875.61"/>
<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></p> <p>Full Name (Last, First, Middle Initial) Tivon Peart</p> <p>Mailing Address 7188 NW 49th Street</p> <p>City Fort Lauderdale State FL Zip Code 33319</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D340151</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="200.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Jerome Pendergrass</p> <p>Mailing Address 2307 NW 8th St. Apt. 8</p> <p>City Fort Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D344550</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="200.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Sergio Perez</p> <p>Mailing Address 1580 Red Pine Trail</p> <p>City Wellington State FL Zip Code 33414</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D340111</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="362.50"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="762.50"/>
<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) Lester Person	Transaction ID: D340458 Date of Disbursement
	Mailing Address 1090 NW 39th St	<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Miami State FL Zip Code 33127-3034	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="40.00"/>
	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) Lester Person	Transaction ID: D340459 Date of Disbursement
	Mailing Address 1090 NW 39th St	<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Miami State FL Zip Code 33127-3034	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="40.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kristen Pesicek	Transaction ID: D339334 Date of Disbursement
	Mailing Address 116 Lake Emerald Dr. #210	<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City Oakland Park State FL Zip Code 33309	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary	<input type="text" value="1479.63"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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="1559.63"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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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) Kristen Pesicek	Transaction ID: D340296 Date of Disbursement 11 / 08 / 2010
	Mailing Address 116 Lake Emerald Dr Apt 210	Amount of Each Disbursement this Period 537.40
	City Oakland Park State FL Zip Code 33309-6261	
	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) Kristen Pesicek	Transaction ID: D339652 Date of Disbursement 10 / 30 / 2010
	Mailing Address 116 Lake Emerald Dr Apt 210	Amount of Each Disbursement this Period 1479.63
	City Oakland Park State FL Zip Code 33309-6261	
	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 Peters	Transaction ID: D344410 Date of Disbursement 10 / 23 / 2010
	Mailing Address 1017 Buchanan St	Amount of Each Disbursement this Period 40.00
	City Hollywood State FL Zip Code 33019-1106	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) ..... ► **2057.03**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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) Rickenya Peters</p> <p>Mailing Address 20041 NW 33rd Ave</p> <p>City Miami Gardens State FL Zip Code 33056-1822</p> <p>Purpose of Disbursement Per Diem</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> D344412</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="680.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Sharon Peters</p> <p>Mailing Address 20041 NW 33rd Ave</p> <p>City Miami Gardens State FL Zip Code 33056-1822</p> <p>Purpose of Disbursement Per Diem</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> D344415</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="880.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Elena Petrescu</p> <p>Mailing Address 13196 Brechner Street</p> <p>City Spring Hill State FL Zip Code 34609</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D339650</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1037.55"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2597.55"/>
<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) Elena Petrescu	Transaction ID: D340295 Date of Disbursement 11 / 08 / 2010
	Mailing Address 13196 Brechner Street	Amount of Each Disbursement this Period 384.09
	City Spring Hill State FL Zip Code 34609	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Elena Petrescu	Transaction ID: D332234 Date of Disbursement 10 / 15 / 2010
	Mailing Address 13196 Brechner Street	Amount of Each Disbursement this Period 65.00
	City Spring Hill State FL Zip Code 34609	
	Purpose of Disbursement Phone Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Elena Petrescu	Transaction ID: D339333 Date of Disbursement 10 / 15 / 2010
	Mailing Address 13196 Brechner Street	Amount of Each Disbursement this Period 1037.56
	City Spring Hill State FL Zip Code 34609	
	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) ..... ▶

1486.65

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

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

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

FOR LINE NUMBER:  
(check only one)

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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) Steven Phillips-Horst	Transaction ID: D339329 Date of Disbursement 10 / 15 / 2010
	Mailing Address 289 Harman Street, #2L	Amount of Each Disbursement this Period 1294.42
	City Brooklyn State NY Zip Code 11237	
	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) Steven Phillips-Horst	Transaction ID: D339746 Date of Disbursement 10 / 30 / 2010
	Mailing Address 289 Harman Street, #2L	Amount of Each Disbursement this Period 1294.42
	City Brooklyn State NY Zip Code 11237	
	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) Steven Phillips-Horst	Transaction ID: D338479 Date of Disbursement 10 / 25 / 2010
	Mailing Address 289 Harman Street, #2L	Amount of Each Disbursement this Period 65.00
	City Brooklyn State NY Zip Code 11237	
	Purpose of Disbursement Phone Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

2653.84

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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) Steven Phillips-Horst</p> <p>Mailing Address 289 Harman Street, #2L</p> <p>City Brooklyn State NY Zip Code 11237</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> D340416 <b>Date of Disbursement</b> 11 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 466.48</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Joseph J Pierce</p> <p>Mailing Address 2656 S. Scenic Hwy</p> <p>City Lake Wales State FL Zip Code 33898</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> D339393 <b>Date of Disbursement</b> 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1014.39</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Joseph J Pierce</p> <p>Mailing Address 2656 S. Scenic Hwy</p> <p>City Lake Wales State FL Zip Code 33898</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> D340271 <b>Date of Disbursement</b> 11 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 368.63</p>

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

1849.50

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

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

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

FOR LINE NUMBER:  
(check only one)

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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) Joseph J Pierce	Transaction ID: D339610 Date of Disbursement 10 / 30 / 2010
	Mailing Address 2656 S. Scenic Hwy	Amount of Each Disbursement this Period 1014.40
	City Lake Wales State FL Zip Code 33898	
	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) Joseph J Pierce	Transaction ID: D332231 Date of Disbursement 10 / 15 / 2010
	Mailing Address 2656 S. Scenic Hwy	Amount of Each Disbursement this Period 65.00
	City Lake Wales State FL Zip Code 33898	
	Purpose of Disbursement Phone Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Rebecca Pierre	Transaction ID: D341144 Date of Disbursement 11 / 01 / 2010
	Mailing Address 5370 SW 130th Ave	Amount of Each Disbursement this Period 80.00
	City Miramar State FL Zip Code 33027-5410	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	▶	1159.40
<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) Rebecca Pierre <hr/> Mailing Address 5370 SW 130th Ave <hr/> City Miramar State FL Zip Code 33027-5410 <hr/> Purpose of Disbursement Per Diem 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: D341145 Date of Disbursement 11 / 02 / 2010 <hr/> Amount of Each Disbursement this Period 80.00
B.	Full Name (Last, First, Middle Initial) Rebecca Pierre <hr/> Mailing Address 5370 SW 130th Ave <hr/> City Miramar State FL Zip Code 33027-5410 <hr/> Purpose of Disbursement Per Diem 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: D341146 Date of Disbursement 10 / 27 / 2010 <hr/> Amount of Each Disbursement this Period 80.00
C.	Full Name (Last, First, Middle Initial) Rebecca Pierre <hr/> Mailing Address 5370 SW 130th Ave <hr/> City Miramar State FL Zip Code 33027-5410 <hr/> Purpose of Disbursement Per Diem 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: D341147 Date of Disbursement 10 / 28 / 2010 <hr/> Amount of Each Disbursement this Period 80.00

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

240.00

**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

<b>A.</b>	Full Name (Last, First, Middle Initial) Rebecca Pierre  Mailing Address 5370 SW 130th Ave  City Miramar State FL Zip Code 33027-5410  Purpose of Disbursement Per Diem 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>Transaction ID:</b> D341148 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0	Amount of Each Disbursement this Period  80.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Rebecca Pierre  Mailing Address 5370 SW 130th Ave  City Miramar State FL Zip Code 33027-5410  Purpose of Disbursement Per Diem 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>Transaction ID:</b> D341149 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 1 0	Amount of Each Disbursement this Period  80.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Rebecca Pierre  Mailing Address 5370 SW 130th Ave  City Miramar State FL Zip Code 33027-5410  Purpose of Disbursement Per Diem 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>Transaction ID:</b> D341150 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 1 0	Amount of Each Disbursement this Period  80.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	240.00
<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) Rebecca Pierre	Transaction ID: D341151 Date of Disbursement 11 / 02 / 2010
	Mailing Address 5370 SW 130th Ave	Amount of Each Disbursement this Period 10.00
	City Miramar State FL Zip Code 33027-5410	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Rebecca Pierre	Transaction ID: D341152 Date of Disbursement 10 / 24 / 2010
	Mailing Address 5370 SW 130th Ave	Amount of Each Disbursement this Period 40.00
	City Miramar State FL Zip Code 33027-5410	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Rebecca Pierre	Transaction ID: D341153 Date of Disbursement 10 / 24 / 2010
	Mailing Address 5370 SW 130th Ave	Amount of Each Disbursement this Period 40.00
	City Miramar State FL Zip Code 33027-5410	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) ..... ▶

90.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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) Rebecca Pierre	Transaction ID: D341154 Date of Disbursement 10 / 24 / 2010
	Mailing Address 5370 SW 130th Ave	Amount of Each Disbursement this Period 40.00
	City Miramar State FL Zip Code 33027-5410	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Wilard Pierre	Transaction ID: D340309 Date of Disbursement 10 / 29 / 2010
	Mailing Address 590 NE 157th St	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33162-5140	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Wilard Pierre	Transaction ID: D340310 Date of Disbursement 11 / 03 / 2010
	Mailing Address 590 NE 157th St	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33162-5140	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) ..... ▶

120.00

**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) Milford Pierre Fils	Transaction ID: D344553 Date of Disbursement 11 / 01 / 2010
	Mailing Address 5400 SW 12th St. Apt D116	Amount of Each Disbursement this Period 80.00
	City Pompano Beach State FL Zip Code 33068	
	Purpose of Disbursement Per Diem	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) Milord Pierre Fils	Transaction ID: D342395 Date of Disbursement 10 / 23 / 2010
	Mailing Address 5400 SW 12th Ave.	Amount of Each Disbursement this Period 40.00
	City Pompano Beach State FL Zip Code 33068	
	Purpose of Disbursement Per Diem	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) Milord Pierre Fils	Transaction ID: D342396 Date of Disbursement 10 / 23 / 2010
	Mailing Address 5400 SW 12th Ave.	Amount of Each Disbursement this Period 40.00
	City Pompano Beach State FL Zip Code 33068	
	Purpose of Disbursement Per Diem	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) .....	▶	160.00
<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

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) Dakenson Placide	Transaction ID: D340602 Date of Disbursement 11 / 02 / 2010
	Mailing Address 709 SW 7th St	Amount of Each Disbursement this Period 40.00
	City Hallandale Beach State FL Zip Code 33009-6910	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Kamilea Placide	Transaction ID: D340596 Date of Disbursement 11 / 02 / 2010
	Mailing Address 709 SW 7th St	Amount of Each Disbursement this Period 40.00
	City Hallandale Beach State FL Zip Code 33009-6910	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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 Portee	Transaction ID: D342393 Date of Disbursement 10 / 25 / 2010
	Mailing Address 7701 NE 1st Ave.	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33138	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	▶	120.00
<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) Richard Portee	Transaction ID: D342394 Date of Disbursement 10 / 25 / 2010
	Mailing Address 7701 NE 1st Ave.	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33138	
	Purpose of Disbursement Per Diem	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) Ozie Porter	Transaction ID: D340611 Date of Disbursement 11 / 02 / 2010
	Mailing Address 1521 N.W. 58th St.	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33142	
	Purpose of Disbursement Per Diem	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) Neil Potter	Transaction ID: D340391 Date of Disbursement 11 / 08 / 2010
	Mailing Address 1618 N. Humboldt Blvd. #2	Amount of Each Disbursement this Period 384.79
	City Chicago State IL Zip Code 60647	
	Purpose of Disbursement Salary	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) .....	504.79
<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) Neil Potter  Mailing Address 1618 N. Humboldt Blvd. #2  City Chicago State IL Zip Code 60647  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: D339741 Date of Disbursement 10 / 30 / 2010  Amount of Each Disbursement this Period 1060.72
B.	Full Name (Last, First, Middle Initial) Neil Potter  Mailing Address 1618 N. Humboldt Blvd. #2  City Chicago State IL Zip Code 60647  Purpose of Disbursement Phone Expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D338481 Date of Disbursement 10 / 25 / 2010  Amount of Each Disbursement this Period 65.00
C.	Full Name (Last, First, Middle Initial) Neil Potter  Mailing Address 1618 N. Humboldt Blvd. #2  City Chicago State IL Zip Code 60647  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: D339317 Date of Disbursement 10 / 15 / 2010  Amount of Each Disbursement this Period 605.38

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

1731.10

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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) Principal Financial Group</p> <p>Mailing Address P. B. Box 14416 Dept. 900</p> <p>City Des Moines State IA Zip Code 50306-3416</p> <p>Purpose of Disbursement Benefits</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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> D339947 <b>Date of Disbursement</b> 11 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 797.40</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Principal Financial Group</p> <p>Mailing Address P. B. Box 14416 Dept. 900</p> <p>City Des Moines State IA Zip Code 50306-3416</p> <p>Purpose of Disbursement Benefits</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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> D339948 <b>Date of Disbursement</b> 11 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 453.92</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Printmeisters, Inc.</p> <p>Mailing Address 10732 William Tell Dr</p> <p>City Orlando State FL Zip Code 32821-8764</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D338577 <b>Date of Disbursement</b> 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 17279.63</p>

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

18530.95

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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) Printmeisters, Inc.</p> <p>Mailing Address 10732 William Tell Dr</p> <p>City Orlando State FL Zip Code 32821-8764</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D334454</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center; border: 1px solid black; padding: 5px;">17306.25</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Dannie Pritchett</p> <p>Mailing Address 550 NE 44th St. Apt L1</p> <p>City Deerfield Beach State FL Zip Code 33441</p> <p>Purpose of Disbursement Per Diem</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> D344554</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center; border: 1px solid black; padding: 5px;">440.00</p>
<p><b>C.</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 Admin Utilities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D338466</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center; border: 1px solid black; padding: 5px;">269.34</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>18015.59</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)

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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) Daphney Prospere</p> <p>Mailing Address 3559 Live Oak Hollow Dr</p> <p>City Orange Park State FL Zip Code 32065-2528</p> <p>Purpose of Disbursement Per Diem</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> D341949</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Daphney Prospere</p> <p>Mailing Address 3559 Live Oak Hollow Dr</p> <p>City Orange Park State FL Zip Code 32065-2528</p> <p>Purpose of Disbursement Per Diem</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> D341950</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Daphney Prospere</p> <p>Mailing Address 3559 Live Oak Hollow Dr</p> <p>City Orange Park State FL Zip Code 32065-2528</p> <p>Purpose of Disbursement Per Diem</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> D341951</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="240.00"/>
<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) Daphney Prospere	Transaction ID: D341952 Date of Disbursement
	Mailing Address 3559 Live Oak Hollow Dr	<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Orange Park State FL Zip Code 32065-2528	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="80.00"/>
	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) Daphney Prospere	Transaction ID: D341953 Date of Disbursement
	Mailing Address 3559 Live Oak Hollow Dr	<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City Orange Park State FL Zip Code 32065-2528	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="80.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Daphney Prospere	Transaction ID: D341954 Date of Disbursement
	Mailing Address 3559 Live Oak Hollow Dr	<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City Orange Park State FL Zip Code 32065-2528	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="80.00"/>
	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="240.00"/>
<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) Daphney Prospere	Transaction ID: D341955 Date of Disbursement 11 / 02 / 2010
	Mailing Address 3559 Live Oak Hollow Dr	Amount of Each Disbursement this Period 80.00
	City Orange Park State FL Zip Code 32065-2528	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Daphney Prospere	Transaction ID: D341956 Date of Disbursement 10 / 27 / 2010
	Mailing Address 3559 Live Oak Hollow Dr	Amount of Each Disbursement this Period 80.00
	City Orange Park State FL Zip Code 32065-2528	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Kesner Prospere	Transaction ID: D342397 Date of Disbursement 10 / 24 / 2010
	Mailing Address 2211 NW 188th Tr	Amount of Each Disbursement this Period 40.00
	City Opa Locka State FL Zip Code 33056	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	200.00
<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) Douglas R. Pugh</p> <p>Mailing Address 1110 SW 15th St</p> <p>City Boca Raton State FL Zip Code 33486-6704</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> D339499 <b>Date of Disbursement</b> 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 86.58</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Michael Pugh</p> <p>Mailing Address 611 SE 10th Street</p> <p>City Pompano Beach State FL Zip Code 33060</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> D339500 <b>Date of Disbursement</b> 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 334.77</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Maria Quezada</p> <p>Mailing Address 322 E Mayfield Blvd</p> <p>City San Antonio State TX Zip Code 78214-2448</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> D339536 <b>Date of Disbursement</b> 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 973.40</p>

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

1394.75

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

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

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

FOR LINE NUMBER: (check only one)

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

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) Stacie Quian</p> <p>Mailing Address 871 NE 209th Ter Apt 205</p> <p>City Miami State FL Zip Code 33179-2063</p> <p>Purpose of Disbursement Per Diem <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</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> D342080 <b>Date of Disbursement</b> 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Faith Rabsatt</p> <p>Mailing Address 3470 NW 32 St</p> <p>City Fort Lauderdale State FL Zip Code 33309</p> <p>Purpose of Disbursement Per Diem <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</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> D344557 <b>Date of Disbursement</b> 11 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Gilbert Ralph</p> <p>Mailing Address 1503 NW 11th Circle</p> <p>City Pompano Beach State FL Zip Code 33069</p> <p>Purpose of Disbursement Per Diem <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</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> D344808 <b>Date of Disbursement</b> 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 320.00</p>

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

480.00

**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

<b>A.</b> Full Name (Last, First, Middle Initial) Margaret Ramirez <hr/> Mailing Address 13671 SW 38th Avenue Rd <hr/> City Ocala State FL Zip Code 34473-2105 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D340274 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 379.79
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Margaret Ramirez <hr/> Mailing Address 13671 SW 38th Avenue Rd <hr/> City Ocala State FL Zip Code 34473-2105 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D339395 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1055.73
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Margaret Ramirez <hr/> Mailing Address 13671 SW 38th Avenue Rd <hr/> City Ocala State FL Zip Code 34473-2105 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D339611 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 1055.72
	Category/ Type
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2491.24
<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) Margaret Ramirez</p> <p>Mailing Address 13671 SW 38th Avenue Rd</p> <p>City Ocala State FL Zip Code 34473-2105</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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> D338438</p> <p>Date of Disbursement 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p> <p>Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Louisa Ramsammy</p> <p>Mailing Address 245 NW 188th St</p> <p>City Miami State FL Zip Code 33169</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D340106</p> <p>Date of Disbursement 10 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 262.50</p> <p>Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Richard Ramsay</p> <p>Mailing Address 8 SE 19th Ave, #1</p> <p>City Pompano Beach State FL Zip Code 33060</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D340099</p> <p>Date of Disbursement 10 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 825.00</p> <p>Category/Type</p>

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

1152.50

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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) Beverly Ranson	Transaction ID: D340713 Date of Disbursement 11 / 01 / 2010
	Mailing Address 955 NE 143rd St	Amount of Each Disbursement this Period 80.00
	City North Miami State FL Zip Code 33161-2331	
	Purpose of Disbursement Per Diem	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) Beverly Ranson	Transaction ID: D340714 Date of Disbursement 11 / 02 / 2010
	Mailing Address 955 NE 143rd St	Amount of Each Disbursement this Period 80.00
	City North Miami State FL Zip Code 33161-2331	
	Purpose of Disbursement Per Diem	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) Beverly Ranson	Transaction ID: D340715 Date of Disbursement 11 / 02 / 2010
	Mailing Address 955 NE 143rd St	Amount of Each Disbursement this Period 10.00
	City North Miami State FL Zip Code 33161-2331	
	Purpose of Disbursement Per Diem	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) .....	170.00
<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) Beverly Ranson	Transaction ID: D340716 Date of Disbursement
	Mailing Address 955 NE 143rd St	<input type="text" value="10"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City North Miami State FL Zip Code 33161-2331	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="80.00"/>
	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) Beverly Ranson	Transaction ID: D340717 Date of Disbursement
	Mailing Address 955 NE 143rd St	<input type="text" value="10"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City North Miami State FL Zip Code 33161-2331	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="80.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Beverly Ranson	Transaction ID: D340718 Date of Disbursement
	Mailing Address 955 NE 143rd St	<input type="text" value="10"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City North Miami State FL Zip Code 33161-2331	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="80.00"/>
	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="240.00"/>
<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Beverly Ranson</p> <p>Mailing Address 955 NE 143rd St</p> <p>City North Miami State FL Zip Code 33161-2331</p> <p>Purpose of Disbursement Per Diem</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> D340719</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Katie Rattray</p> <p>Mailing Address 3481 NW 4th Court</p> <p>City Fort Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D344560</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Katie Rattray</p> <p>Mailing Address 3481 NW 4th Court</p> <p>City Fort Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D344561</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="160.00"/></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

A.	Full Name (Last, First, Middle Initial) Katie Rattray	Transaction ID: D344562 Date of Disbursement 10 / 18 / 2010
	Mailing Address 3481 NW 4th Court	Amount of Each Disbursement this Period 40.00
	City Fort Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem	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) Katie Rattray	Transaction ID: D344563 Date of Disbursement 10 / 21 / 2010
	Mailing Address 3481 NW 4th Court	Amount of Each Disbursement this Period 440.00
	City Fort Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem	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) Christopher Ray	Transaction ID: D340189 Date of Disbursement 11 / 03 / 2010
	Mailing Address 4076 Appaloosa Road	Amount of Each Disbursement this Period 390.00
	City Middleburg State FL Zip Code 32068	
	Purpose of Disbursement Salary	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**870.00**

**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) Jason Redmon</p> <p>Mailing Address 1017 Buchanan St</p> <p>City Hollywood State FL Zip Code 33019-1106</p> <p>Purpose of Disbursement Per Diem</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> D344419</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Westley Reed</p> <p>Mailing Address 1017 Buchanan St</p> <p>City Hollywood State FL Zip Code 33019-1106</p> <p>Purpose of Disbursement Per Diem</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> D344422</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Tristian Reid</p> <p>Mailing Address 2451 Centergate Dr. Apt 305</p> <p>City Hollywood State FL Zip Code 33025</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D340105</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="275.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="395.00"/>
<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

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) Astra Remy-Calixte	Transaction ID: D345220
	Mailing Address 269 NW 7th St Apt 219	Date of Disbursement MM / DD / YYYY 11 / 08 / 2010
	City Miami State FL Zip Code 33136-3903	Amount of Each Disbursement this Period 4000.00
	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) Monnestine Rene	Transaction ID: D342398
	Mailing Address 16234 NE 9th PI	Date of Disbursement MM / DD / YYYY 10 / 23 / 2010
	City North Miami Beach State FL Zip Code 33162-4426	Amount of Each Disbursement this Period 40.00
	Purpose of Disbursement Per Diem	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) Monnestine Rene	Transaction ID: D342399
	Mailing Address 16234 NE 9th PI	Date of Disbursement MM / DD / YYYY 10 / 23 / 2010
	City North Miami Beach State FL Zip Code 33162-4426	Amount of Each Disbursement this Period 40.00
	Purpose of Disbursement Per Diem	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) .....	▶	4080.00
<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></p> <p>Full Name (Last, First, Middle Initial) Edith Renner</p> <p>Mailing Address 2000 S. Southeastern, Apt 3</p> <p>City Sioux Falls State SD Zip Code 57103</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D338469</p> <p>Date of Disbursement 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Edith Renner</p> <p>Mailing Address 2000 S. Southeastern, Apt 3</p> <p>City Sioux Falls State SD Zip Code 57103</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D339314</p> <p>Date of Disbursement 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1359.83</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Edith Renner</p> <p>Mailing Address 2000 S. Southeastern, Apt 3</p> <p>City Sioux Falls State SD Zip Code 57103</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D339740</p> <p>Date of Disbursement 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1037.55</p>

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

2462.38

**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)

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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) Edith Renner</p> <p>Mailing Address 2000 S. Southeastern, Apt 3</p> <p>City Sioux Falls State SD Zip Code 57103</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D340388</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="384.09"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Robert Rice</p> <p>Mailing Address 234 NE 79th St Apt 1204</p> <p>City Miami State FL Zip Code 33138-5174</p> <p>Purpose of Disbursement Per Diem</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> D344430</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="200.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Evangeline Richardson</p> <p>Mailing Address 1017 Buchanan St</p> <p>City Hollywood State FL Zip Code 33019-1106</p> <p>Purpose of Disbursement Per Diem</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> D344480</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="624.09"/>
<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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Laura Richardson</p> <p>Mailing Address 3701 NW 27th Court</p> <p>City Fort Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D344566</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Laura Richardson</p> <p>Mailing Address 3701 NW 27th Court</p> <p>City Fort Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D344567</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Laura Richardson</p> <p>Mailing Address 3701 NW 27th Court</p> <p>City Fort Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D344568</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="120.00"/>
<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) Laura Richardson	Transaction ID: D344570 Date of Disbursement 10 / 18 / 2010
	Mailing Address 3701 NW 27th Court	Amount of Each Disbursement this Period 40.00
	City Fort Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Laura Richardson	Transaction ID: D344571 Date of Disbursement 10 / 18 / 2010
	Mailing Address 3701 NW 27th Court	Amount of Each Disbursement this Period 40.00
	City Fort Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Tarrell Richardson	Transaction ID: D344481 Date of Disbursement 10 / 31 / 2010
	Mailing Address 1017 Buchanan St	Amount of Each Disbursement this Period 520.00
	City Hollywood State FL Zip Code 33019-1106	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	600.00
<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) Todra Richardson</p> <p>Mailing Address 1180 NW 44 Ave.</p> <p>City Fort Lauderdale State FL Zip Code 33313</p> <p>Purpose of Disbursement Per Diem</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> D344574 <b>Date of Disbursement</b> 10 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 320.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Tyesha Riley</p> <p>Mailing Address 5980 NW 16 PL Apt 10</p> <p>City Fort Lauderdale State FL Zip Code 33313</p> <p>Purpose of Disbursement Per Diem</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> D344577 <b>Date of Disbursement</b> 10 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Tyesha Riley</p> <p>Mailing Address 5980 NW 16 PL Apt 10</p> <p>City Fort Lauderdale State FL Zip Code 33313</p> <p>Purpose of Disbursement Per Diem</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> D344578 <b>Date of Disbursement</b> 10 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>

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

400.00

**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) Tyesha Riley	Transaction ID: D344581 Date of Disbursement 10 / 21 / 2010
	Mailing Address 5980 NW 16 PL Apt 10	Amount of Each Disbursement this Period 480.00
	City Fort Lauderdale State FL Zip Code 33313	
	Purpose of Disbursement Per Diem	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Edgar Rincon	Transaction ID: D340403 Date of Disbursement 11 / 08 / 2010
	Mailing Address 225 SW 159th Way	Amount of Each Disbursement this Period 384.09
	City Fort Lauderdale State FL Zip Code 33326	
	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) Edgar Rincon	Transaction ID: D332227 Date of Disbursement 10 / 15 / 2010
	Mailing Address 225 SW 159th Way	Amount of Each Disbursement this Period 65.00
	City Fort Lauderdale State FL Zip Code 33326	
	Purpose of Disbursement Phone Expense	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>929.09</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)

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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) Edgar Rincon	Transaction ID: D339743 Date of Disbursement 10 / 30 / 2010
	Mailing Address 225 SW 159th Way	Amount of Each Disbursement this Period 1037.55
	City Fort Lauderdale State FL Zip Code 33326	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Edgar Rincon	Transaction ID: D339320 Date of Disbursement 10 / 15 / 2010
	Mailing Address 225 SW 159th Way	Amount of Each Disbursement this Period 1037.56
	City Fort Lauderdale State FL Zip Code 33326	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Pamela Rivera	Transaction ID: D339514 Date of Disbursement 10 / 30 / 2010
	Mailing Address 232 Afton Square, Apt 212	Amount of Each Disbursement this Period 1037.55
	City Altamonte Springs State FL Zip Code 32714	
	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) .....	3112.66
<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) Pamela Rivera	Transaction ID: D341259 Date of Disbursement 11 / 15 / 2010
	Mailing Address 232 Afton Square, Apt 212	Amount of Each Disbursement this Period 1037.55
	City Altamonte Springs State FL Zip Code 32714	
	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) Deloris Rivers	Transaction ID: D340397 Date of Disbursement 11 / 02 / 2010
	Mailing Address 12565 NW 20th Ave	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33167-2009	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Deloris Rivers	Transaction ID: D340398 Date of Disbursement 11 / 02 / 2010
	Mailing Address 12565 NW 20th Ave	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33167-2009	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	▶	1117.55
<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) Shamal Rivers	Transaction ID: D344584 Date of Disbursement 10 / 30 / 2010
	Mailing Address 4955 SW 31st Terrace	Amount of Each Disbursement this Period 80.00
	City Fort Lauderdale State FL Zip Code 33312	
	Purpose of Disbursement Per Diem	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Brandon Rizzo	Transaction ID: D340174 Date of Disbursement 10 / 31 / 2010
	Mailing Address 8100 NW 38th Street	Amount of Each Disbursement this Period 562.50
	City Pompano Beach State FL Zip Code 33065	
	Purpose of Disbursement Salary	Category/ Type
	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) Terrie L. Rizzo	Transaction ID: D341131 Date of Disbursement 11 / 04 / 2010
	Mailing Address 737 NE 74th Street	Amount of Each Disbursement this Period 923.51
	City Boca Raton State FL Zip Code 33487-1755	
	Purpose of Disbursement Salary	Category/ Type
	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) .....	1566.01
<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) Terrie L. Rizzo</p> <p>Mailing Address 737 NE 74th Street</p> <p>City Boca Raton State FL Zip Code 33487-1755</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> D339565 <b>Date of Disbursement</b> 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 923.51</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Terrie L. Rizzo</p> <p>Mailing Address 737 NE 74th Street</p> <p>City Boca Raton State FL Zip Code 33487-1755</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> D340056 <b>Date of Disbursement</b> 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1327.84</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Erin Roaza</p> <p>Mailing Address 1105 Groveland Hills Drive</p> <p>City Tallahassee State FL Zip Code 32317</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> D340546 <b>Date of Disbursement</b> 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 400.00</p>

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

2651.35

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Geoff Robbins <hr/> Mailing Address 1322 N K St <hr/> City Lake Worth State FL Zip Code 33460-1815 <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) ▼	<b>Transaction ID:</b> D339504 Date of Disbursement 10 / 30 / 2010	Amount of Each Disbursement this Period 298.30
<b>B.</b>	Full Name (Last, First, Middle Initial) Marquise Roberts <hr/> Mailing Address 242 NW 77 St <hr/> City Miami State FL Zip Code 33150 <hr/> Purpose of Disbursement Per Diem 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> D344585 Date of Disbursement 10 / 17 / 2010	Amount of Each Disbursement this Period 40.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Carl Robinson <hr/> Mailing Address 1170 NW 2nd Ave Apt 5 <hr/> City Miami State FL Zip Code 33136-2759 <hr/> Purpose of Disbursement Per Diem 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> D342294 Date of Disbursement 10 / 23 / 2010	Amount of Each Disbursement this Period 40.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>378.30</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) Carl Robinson	Transaction ID: D342295 Date of Disbursement 10 / 23 / 2010
	Mailing Address 1170 NW 2nd Ave Apt 5	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33136-2759	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Carl Robinson	Transaction ID: D342296 Date of Disbursement 10 / 25 / 2010
	Mailing Address 1170 NW 2nd Ave Apt 5	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33136-2759	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Carl Robinson	Transaction ID: D342297 Date of Disbursement 10 / 25 / 2010
	Mailing Address 1170 NW 2nd Ave Apt 5	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33136-2759	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	▶	120.00
<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) Carl Robinson</p> <p>Mailing Address 1170 NW 2nd Ave Apt 5</p> <p>City Miami State FL Zip Code 33136-2759</p> <p>Purpose of Disbursement Per Diem</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> D342298 <b>Date of Disbursement</b> 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Matthias Robinson</p> <p>Mailing Address 5961 Woodland Point Drive</p> <p>City Fort Lauderdale State FL Zip Code 33319</p> <p>Purpose of Disbursement Per Diem</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> D344588 <b>Date of Disbursement</b> 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Willie Robinson</p> <p>Mailing Address 1170 NW 2nd Ave Apt 5</p> <p>City Miami State FL Zip Code 33136-2759</p> <p>Purpose of Disbursement Per Diem</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> D342289 <b>Date of Disbursement</b> 10 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>

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

160.00

**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) Willie Robinson	Transaction ID: D342290 Date of Disbursement
	Mailing Address 1170 NW 2nd Ave Apt 5	<input type="text" value="10"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Miami State FL Zip Code 33136-2759	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="40.00"/>
	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) Willie Robinson	Transaction ID: D342291 Date of Disbursement
	Mailing Address 1170 NW 2nd Ave Apt 5	<input type="text" value="10"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Miami State FL Zip Code 33136-2759	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="40.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Willie Robinson	Transaction ID: D342292 Date of Disbursement
	Mailing Address 1170 NW 2nd Ave Apt 5	<input type="text" value="10"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Miami State FL Zip Code 33136-2759	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="40.00"/>
	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="120.00"/>
<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) Willie Robinson	Transaction ID: D342293 Date of Disbursement 11 / 02 / 2010
	Mailing Address 1170 NW 2nd Ave Apt 5	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33136-2759	
	Purpose of Disbursement Per Diem	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) Andrea Robles	Transaction ID: D340173 Date of Disbursement 10 / 31 / 2010
	Mailing Address 9139 SW 20th St. Unit F	Amount of Each Disbursement this Period 75.00
	City Boca Raton State FL Zip Code 33428	
	Purpose of Disbursement Salary	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) Edith Robles	Transaction ID: D343620 Date of Disbursement 10 / 21 / 2010
	Mailing Address 305 Bullard Street	Amount of Each Disbursement this Period 100.00
	City Fairfield State CT Zip Code 06825	
	Purpose of Disbursement Auto Travel	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	255.00
<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) Edith Robles</p> <p>Mailing Address 305 Bullard Street</p> <p>City Fairfield State CT Zip Code 06825</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D343622</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Edith Robles</p> <p>Mailing Address 305 Bullard Street</p> <p>City Fairfield State CT Zip Code 06825</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D339335</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2076.75"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Edith Robles</p> <p>Mailing Address 305 Bullard Street</p> <p>City Fairfield State CT Zip Code 06825</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D340298</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="769.58"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="2871.33"/></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

A.	Full Name (Last, First, Middle Initial) Edith Robles	Transaction ID: D332224 Date of Disbursement 10 / 15 / 2010
	Mailing Address 305 Bullard Street	Amount of Each Disbursement this Period 65.00
	City Fairfield State CT Zip Code 06825	
	Purpose of Disbursement Phone Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Edith Robles	Transaction ID: D339653 Date of Disbursement 10 / 30 / 2010
	Mailing Address 305 Bullard Street	Amount of Each Disbursement this Period 2076.75
	City Fairfield State CT Zip Code 06825	
	Purpose of Disbursement Salary	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) Denise Rodriguez	Transaction ID: D339537 Date of Disbursement 10 / 30 / 2010
	Mailing Address 12514 Wandering Brook Dr	Amount of Each Disbursement this Period 973.40
	City Charlotte State NC Zip Code 28273-6974	
	Purpose of Disbursement Salary	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) .....	3115.15
<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

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(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) Marvin Rolle</p> <p>Mailing Address 2070 NW 27th Lane</p> <p>City Fort Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D344591</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="640.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Shae Rolle</p> <p>Mailing Address 1420 NW 75 Street</p> <p>City Miami State FL Zip Code 33147</p> <p>Purpose of Disbursement Per Diem</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> D341136</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Steve Rolle</p> <p>Mailing Address 5981 NW 32nd Ave</p> <p>City Miami State FL Zip Code 33142-2118</p> <p>Purpose of Disbursement Per Diem</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> D340560</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="800.00"/>
<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) Steve Rolle	Transaction ID: D340564 Date of Disbursement 11 / 02 / 2010
	Mailing Address 5981 NW 32nd Ave	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33142-2118	
	Purpose of Disbursement Per Diem	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) Steve Rolle	Transaction ID: D340562 Date of Disbursement 11 / 01 / 2010
	Mailing Address 5981 NW 32nd Ave	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33142-2118	
	Purpose of Disbursement Per Diem	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) Vincent Rollo	Transaction ID: D340098 Date of Disbursement 10 / 31 / 2010
	Mailing Address 8 SE 19th Ave, #1	Amount of Each Disbursement this Period 275.00
	City Pompano Beach State FL Zip Code 33060	
	Purpose of Disbursement Salary	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>435.00</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 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) Joshua Romero	Transaction ID: D339654 Date of Disbursement 10 / 30 / 2010
	Mailing Address 2302 Simpson Ridge Circle, Apt C	Amount of Each Disbursement this Period 1060.72
	City Kissimmee State FL Zip Code 34744	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Joshua Romero	Transaction ID: D339336 Date of Disbursement 10 / 15 / 2010
	Mailing Address 2302 Simpson Ridge Circle, Apt C	Amount of Each Disbursement this Period 1060.73
	City Kissimmee State FL Zip Code 34744	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Joshua Romero	Transaction ID: D340300 Date of Disbursement 11 / 08 / 2010
	Mailing Address 2302 Simpson Ridge Circle, Apt C	Amount of Each Disbursement this Period 384.79
	City Kissimmee State FL Zip Code 34744	
	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) .....	2506.24
<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) Joshua Romero</p> <p>Mailing Address 2302 Simpson Ridge Circle, Apt C</p> <p>City Kissimmee State FL Zip Code 34744</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D332238 <b>Date of Disbursement</b> 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ron's Computer Repair</p> <p>Mailing Address 245 SW 9th Street, Ste 1</p> <p>City Miami State FL Zip Code 33130</p> <p>Purpose of Disbursement Consulting/IT</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> D333076 <b>Date of Disbursement</b> 11 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 243.70</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Rorapough-Teicher, LLC</p> <p>Mailing Address 1861 N Federal Hwy Ste 190</p> <p>City Hollywood State FL Zip Code 33020-2827</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D341226 <b>Date of Disbursement</b> 11 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 10666.64</p>

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

10975.34

**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) Rorapaugh-Teicher, LLC	Transaction ID: D341132 Date of Disbursement 10 / 20 / 2010
	Mailing Address 1861 N Federal Hwy Ste 190	Amount of Each Disbursement this Period 10080.00
	City Hollywood State FL Zip Code 33020-2827	
	Purpose of Disbursement Canvass Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Rorapaugh-Teicher, LLC	Transaction ID: D341302 Date of Disbursement 11 / 19 / 2010
	Mailing Address 1861 N Federal Hwy Ste 190	Amount of Each Disbursement this Period 1089.87
	City Hollywood State FL Zip Code 33020-2827	
	Purpose of Disbursement Admin Office Supplies	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) Jean Roseme	Transaction ID: D339337 Date of Disbursement 10 / 15 / 2010
	Mailing Address 101 NE 31st Street	Amount of Each Disbursement this Period 1462.79
	City Pompano Beach State FL Zip Code 33064	
	Purpose of Disbursement Salary	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) .....	▶	12632.66
<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></p> <p>Full Name (Last, First, Middle Initial) Jean Roseme</p> <p>Mailing Address 101 NE 31st Street</p> <p>City Pompano Beach State FL Zip Code 33064</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D332222</p> <p>Date of Disbursement 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Jean Roseme</p> <p>Mailing Address 101 NE 31st Street</p> <p>City Pompano Beach State FL Zip Code 33064</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D340301</p> <p>Date of Disbursement 11 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 530.96</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Jean Roseme</p> <p>Mailing Address 101 NE 31st Street</p> <p>City Pompano Beach State FL Zip Code 33064</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D339656</p> <p>Date of Disbursement 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1462.80</p>

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

2058.76

**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) Alan Roundtree	Transaction ID: D344486 Date of Disbursement 10 / 24 / 2010
	Mailing Address 1017 Buchanan St	Amount of Each Disbursement this Period 280.00
	City Hollywood State FL Zip Code 33019-1106	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Charleen Roundtree	Transaction ID: D344590 Date of Disbursement 10 / 16 / 2010
	Mailing Address 1139 NW 17 Ave	Amount of Each Disbursement this Period 40.00
	City Fort Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Charleen Roundtree	Transaction ID: D344592 Date of Disbursement 10 / 16 / 2010
	Mailing Address 1139 NW 17 Ave	Amount of Each Disbursement this Period 40.00
	City Fort Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	▶	360.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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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) Charleen Roundtree	Transaction ID: D344593 Date of Disbursement 10 / 17 / 2010
	Mailing Address 1139 NW 17 Ave	Amount of Each Disbursement this Period 40.00
	City Fort Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Charleen Roundtree	Transaction ID: D344594 Date of Disbursement 10 / 17 / 2010
	Mailing Address 1139 NW 17 Ave	Amount of Each Disbursement this Period 40.00
	City Fort Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Charleen Roundtree	Transaction ID: D344595 Date of Disbursement 10 / 18 / 2010
	Mailing Address 1139 NW 17 Ave	Amount of Each Disbursement this Period 40.00
	City Fort Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	▶	120.00
<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) Charleen Roundtree	Transaction ID: D344596 Date of Disbursement 10 / 18 / 2010
	Mailing Address 1139 NW 17 Ave	Amount of Each Disbursement this Period 40.00
	City Fort Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem	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) Charleen Roundtree	Transaction ID: D344597 Date of Disbursement 10 / 27 / 2010
	Mailing Address 1139 NW 17 Ave	Amount of Each Disbursement this Period 640.00
	City Fort Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem	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) Justin Roy	Transaction ID: D340495 Date of Disbursement 11 / 03 / 2010
	Mailing Address 4083 Sunbeam Road Apt 1602	Amount of Each Disbursement this Period 845.00
	City Jacksonville State FL Zip Code 32257	
	Purpose of Disbursement Salary	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) .....	1525.00
<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></p> <p>Full Name (Last, First, Middle Initial) Royal Performance Group</p> <p>Mailing Address 2100 Western Ave Ste 80</p> <p>City Lisle State IL Zip Code 60532-1971</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D331362</p> <p>Date of Disbursement 10 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 3003.50</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Royal Performance Group</p> <p>Mailing Address 2100 Western Ave Ste 80</p> <p>City Lisle State IL Zip Code 60532-1971</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D334384</p> <p>Date of Disbursement 10 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 3999.50</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Royal Performance Group</p> <p>Mailing Address 2100 Western Ave Ste 80</p> <p>City Lisle State IL Zip Code 60532-1971</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D334385</p> <p>Date of Disbursement 10 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 2598.50</p>

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

9601.50

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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) Royal Performance Group <hr/> Mailing Address 2100 Western Ave Ste 80 <hr/> City Lisle State IL Zip Code 60532-1971 <hr/> Purpose of Disbursement Auto Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D338619 Date of Disbursement 10 / 26 / 2010 <hr/> Amount of Each Disbursement this Period 977.50
<b>B.</b>	Full Name (Last, First, Middle Initial) Royal Performance Group <hr/> Mailing Address 2100 Western Ave Ste 80 <hr/> City Lisle State IL Zip Code 60532-1971 <hr/> Purpose of Disbursement Auto Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D334320 Date of Disbursement 10 / 18 / 2010 <hr/> Amount of Each Disbursement this Period 65.72
<b>C.</b>	Full Name (Last, First, Middle Initial) Royal Performance Group <hr/> Mailing Address 2100 Western Ave Ste 80 <hr/> City Lisle State IL Zip Code 60532-1971 <hr/> Purpose of Disbursement Auto Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D334346 Date of Disbursement 10 / 19 / 2010 <hr/> Amount of Each Disbursement this Period 1299.50

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2342.72
<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) Cheryl Royes Mailing Address 9165 NW 49th Ct City Sunrise State FL Zip Code 33351-5372 Purpose of Disbursement Per Diem 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: D344478 Date of Disbursement 10 / 23 / 2010	Amount of Each Disbursement this Period 160.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Agusta Rua Mailing Address 3100 Collins Ave Apt 1002 City Miami Beach State FL Zip Code 33140-4125 Purpose of Disbursement Per Diem 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: D344491 Date of Disbursement 10 / 23 / 2010	Amount of Each Disbursement this Period 1040.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Wilkins Ruiz Mailing Address 3545 NE 166th St City North Miami Beach State FL Zip Code 33160-3826 Purpose of Disbursement Per Diem 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: D344494 Date of Disbursement 10 / 23 / 2010	Amount of Each Disbursement this Period 400.00

<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)

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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) Riko Russell	Transaction ID: D332211 Date of Disbursement 10 / 15 / 2010
	Mailing Address 221 SE 6th Ave, Apt 208	Amount of Each Disbursement this Period 184.70
	City Homestead State FL Zip Code 33030	
	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) Sharen Saint Claire	Transaction ID: D342400 Date of Disbursement 10 / 23 / 2010
	Mailing Address 1050 nNW 142 St	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33168	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Sharen Saint Claire	Transaction ID: D342401 Date of Disbursement 10 / 23 / 2010
	Mailing Address 1050 nNW 142 St	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33168	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) ..... ▶

264.70

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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) Hantz Saintice  Mailing Address 1018 NW 102nd St  City Miami State FL Zip Code 33150-1345  Purpose of Disbursement Per Diem 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>Transaction ID:</b> D340978 Date of Disbursement 10 / 30 / 2010  Amount of Each Disbursement this Period 80.00	
<b>B.</b>	Full Name (Last, First, Middle Initial) Hantz Saintice  Mailing Address 1018 NW 102nd St  City Miami State FL Zip Code 33150-1345  Purpose of Disbursement Per Diem 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>Transaction ID:</b> D340979 Date of Disbursement 10 / 31 / 2010  Amount of Each Disbursement this Period 80.00	
<b>C.</b>	Full Name (Last, First, Middle Initial) Hantz Saintice  Mailing Address 1018 NW 102nd St  City Miami State FL Zip Code 33150-1345  Purpose of Disbursement Per Diem 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>Transaction ID:</b> D340980 Date of Disbursement 11 / 01 / 2010  Amount of Each Disbursement this Period 80.00	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>240.00</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)

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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) Hantz Saintice <hr/> Mailing Address 1018 NW 102nd St <hr/> City Miami State FL Zip Code 33150-1345 <hr/> Purpose of Disbursement Per Diem 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: D340982 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 80.00
	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) Hantz Saintice <hr/> Mailing Address 1018 NW 102nd St <hr/> City Miami State FL Zip Code 33150-1345 <hr/> Purpose of Disbursement Per Diem 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: D340983 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 40.00
	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) Hantz Saintice <hr/> Mailing Address 1018 NW 102nd St <hr/> City Miami State FL Zip Code 33150-1345 <hr/> Purpose of Disbursement Per Diem 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: D340984 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 40.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

160.00

**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) Hantz Saintice	Transaction ID: D340985 Date of Disbursement
	Mailing Address 1018 NW 102nd St	<input type="text" value="10"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Miami State FL Zip Code 33150-1345	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="40.00"/>
	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) Hantz Saintice	Transaction ID: D340986 Date of Disbursement
	Mailing Address 1018 NW 102nd St	<input type="text" value="10"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Miami State FL Zip Code 33150-1345	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="40.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Hantz Saintice	Transaction ID: D340987 Date of Disbursement
	Mailing Address 1018 NW 102nd St	<input type="text" value="10"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Miami State FL Zip Code 33150-1345	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="80.00"/>
	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="160.00"/>
<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Vanessa Salinas</p> <p>Mailing Address 1350 NE 50th Court, Apt 408</p> <p>City Fort Lauderdale State FL Zip Code 33334</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D340172</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="412.50"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Marvin Samel</p> <p>Mailing Address 5435 Lagorce Drive</p> <p>City Miami Beach State FL Zip Code 33140</p> <p>Purpose of Disbursement Contribution Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D345219</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1200.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Viviana Sanchez</p> <p>Mailing Address 2121 W Davie Blvd</p> <p>City Fort Lauderdale State FL Zip Code 33312</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D340175</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="312.50"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1925.00"/>
<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

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) Addie Sanders</p> <p>Mailing Address 5921 SW 133rd Place</p> <p>City Miami State FL Zip Code 33183</p> <p>Purpose of Disbursement Per Diem</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> D344802</p> <p>Date of Disbursement 10 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Williams Sanders</p> <p>Mailing Address 941 NW 13th Ct</p> <p>City Ft Lauderdale State FL Zip Code 33311-5940</p> <p>Purpose of Disbursement Per Diem</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> D344552</p> <p>Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 320.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Sheree Sands</p> <p>Mailing Address 8150 NW 13th Ave</p> <p>City Miami State FL Zip Code 33147-5264</p> <p>Purpose of Disbursement Per Diem</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> D341498</p> <p>Date of Disbursement 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>

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

440.00

**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

<b>A.</b> Full Name (Last, First, Middle Initial) Sheree Sands <hr/> Mailing Address 8150 NW 13th Ave <hr/> City Miami State FL Zip Code 33147-5264 <hr/> Purpose of Disbursement Per Diem 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: D341499 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 80.00
	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) Sheree Sands <hr/> Mailing Address 8150 NW 13th Ave <hr/> City Miami State FL Zip Code 33147-5264 <hr/> Purpose of Disbursement Per Diem 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: D341500 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 1 0
	Amount of Each Disbursement this Period 80.00
	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) Sheree Sands <hr/> Mailing Address 8150 NW 13th Ave <hr/> City Miami State FL Zip Code 33147-5264 <hr/> Purpose of Disbursement Per Diem 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: D341501 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 80.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

240.00

**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) Sara Satty	Transaction ID: D342402
	Mailing Address 890 NE 139 St	Date of Disbursement 10 / 31 / 2010
	City Miami State FL Zip Code 33161	Amount of Each Disbursement this Period 80.00
	Purpose of Disbursement Per Diem	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Jonathan Schaefer	Transaction ID: D340101
	Mailing Address 8 SE 19th Ave, #1	Date of Disbursement 10 / 31 / 2010
	City Pompano Beach State FL Zip Code 33060	Amount of Each Disbursement this Period 237.50
	Purpose of Disbursement Salary	Category/ Type
	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) Joseph Schweltzer	Transaction ID: D339974
	Mailing Address P.O. Box 64426	Date of Disbursement 11 / 04 / 2010
	City Tallahassee State FL Zip Code 32313	Amount of Each Disbursement this Period 260.00
	Purpose of Disbursement Salary	Category/ Type
	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) .....	577.50
<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) Alaxia Scott</p> <p>Mailing Address 1776 Polk St</p> <p>City Hollywood State FL Zip Code 33020-4658</p> <p>Purpose of Disbursement Per Diem</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> D344499</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="840.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Cedric Scott</p> <p>Mailing Address 1013 N.W. 13th Ct.</p> <p>City Ft. Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D344806</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="520.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Frank Scott</p> <p>Mailing Address 3346 N. W. 22nd St</p> <p>City Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D344818</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="240.00"/></p>

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

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

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

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

FOR LINE NUMBER: (check only one)

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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) Marie Scott	Transaction ID: D344794 Date of Disbursement
	Mailing Address 1013 NW 13th St. Court	<input type="text" value="10"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Ft. Lauderdale State FL Zip Code 33311	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="760.00"/>
	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) Robert Scott, Jr.	Transaction ID: D344826 Date of Disbursement
	Mailing Address 1810 N.W. 26rh Ave	<input type="text" value="10"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Ft. lauderdale State FL Zip Code 33311	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="1080.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Gabriel Sebag	Transaction ID: D339659 Date of Disbursement
	Mailing Address 635 Stillview Circle	<input type="text" value="10"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Brandon State FL Zip Code 33510	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary	<input type="text" value="1060.73"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) ..... ▶

**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) Gabriel Sebag	Transaction ID: D338480
	Mailing Address 635 Stillview Circle	Date of Disbursement 10 / 25 / 2010
	City Brandon State FL Zip Code 33510	Amount of Each Disbursement this Period 65.00
	Purpose of Disbursement Phone Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Gabriel Sebag	Transaction ID: D340303
	Mailing Address 635 Stillview Circle	Date of Disbursement 11 / 08 / 2010
	City Brandon State FL Zip Code 33510	Amount of Each Disbursement this Period 384.78
	Purpose of Disbursement Salary	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) Gabriel Sebag	Transaction ID: D339338
	Mailing Address 635 Stillview Circle	Date of Disbursement 10 / 15 / 2010
	City Brandon State FL Zip Code 33510	Amount of Each Disbursement this Period 1060.72
	Purpose of Disbursement Salary	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) .....	▶	1510.50
<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) Milory Senat</p> <p>Mailing Address 8 SE 19th Ave, #1</p> <p>City Pompano Beach State FL Zip Code 33060</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D340100</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="475.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Xavior Serrano</p> <p>Mailing Address 1319 West Jennings Street</p> <p>City Lake Worth State FL Zip Code 33462</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D340171</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="331.25"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Carolyn Sewell</p> <p>Mailing Address 2009 NW 59th Terrace</p> <p>City Fort Lauderdale State FL Zip Code 33313</p> <p>Purpose of Disbursement Per Diem</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> D344582</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="600.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1406.25"/>
<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)

PAGE 577 / 761

<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) David Sharvit</p> <p>Mailing Address 960 Coral Ridge Drive, Apt 102</p> <p>City Pompano Beach State FL Zip Code 33071</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> D340095 <b>Date of Disbursement</b> 10 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 437.50</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Philip Shaw</p> <p>Mailing Address 24 Coventry Court</p> <p>City Kissimmee State FL Zip Code 34758</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> D339667 <b>Date of Disbursement</b> 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1014.40</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Philip Shaw</p> <p>Mailing Address 24 Coventry Court</p> <p>City Kissimmee State FL Zip Code 34758</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> D339359 <b>Date of Disbursement</b> 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1014.39</p>

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

2466.29

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

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

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

FOR LINE NUMBER:  
(check only one)

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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) Philip Shaw	Transaction ID: D340351 Date of Disbursement 11 / 08 / 2010
	Mailing Address 24 Coventry Court	Amount of Each Disbursement this Period 368.63
	City Kissimmee State FL Zip Code 34758	
	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) Philip Shaw	Transaction ID: D332229 Date of Disbursement 10 / 15 / 2010
	Mailing Address 24 Coventry Court	Amount of Each Disbursement this Period 65.00
	City Kissimmee State FL Zip Code 34758	
	Purpose of Disbursement Phone Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Corey A Shearer	Transaction ID: D333080 Date of Disbursement 10 / 18 / 2010
	Mailing Address 2455 N Nob Hill Rd Apt 201	Amount of Each Disbursement this Period 1076.63
	City Sunrise State FL Zip Code 33322-5309	
	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) .....	1510.26
<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) Corey A Shearer	Transaction ID: D340094 Date of Disbursement 10 / 31 / 2010
	Mailing Address 2455 N Nob Hill Rd Apt 201	Amount of Each Disbursement this Period 575.00
	City Sunrise State FL Zip Code 33322-5309	
	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) Vito D Sheeley	Transaction ID: D340404 Date of Disbursement 11 / 08 / 2010
	Mailing Address 2111 Almeria Way South	Amount of Each Disbursement this Period 368.64
	City Saint Petersburg State FL Zip Code 33712	
	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) Vito D Sheeley	Transaction ID: D339322 Date of Disbursement 10 / 15 / 2010
	Mailing Address 2111 Almeria Way South	Amount of Each Disbursement this Period 1014.40
	City Saint Petersburg State FL Zip Code 33712	
	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) .....	1958.04
<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) Vito D Sheeley</p> <p>Mailing Address 2111 Almeria Way South</p> <p>City Saint Petersburg State FL Zip Code 33712</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D332233</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="65.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Stacy Sherman</p> <p>Mailing Address 3337 NW 30th Terrace</p> <p>City Fort Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D344810</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="320.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Justin Shoham</p> <p>Mailing Address 28 Lark Pl</p> <p>City Old Bridge State NJ Zip Code 08857-3062</p> <p>Purpose of Disbursement Salary</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> D339538</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="973.40"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="1358.40"/></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

A.	Full Name (Last, First, Middle Initial) Marc Simms	Transaction ID: D340093 Date of Disbursement 10 / 31 / 2010
	Mailing Address 9174 Silver Glen Way	Amount of Each Disbursement this Period 262.50
	City Lake Worth State FL Zip Code 33460	
	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) Alicia Simpson	Transaction ID: D340989 Date of Disbursement 11 / 02 / 2010
	Mailing Address 7520 NW 14th Ct	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33147-5720	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Alicia Simpson	Transaction ID: D340990 Date of Disbursement 10 / 27 / 2010
	Mailing Address 7520 NW 14th Ct	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33147-5720	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) ..... ▶

422.50

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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) Alicia Simpson</p> <p>Mailing Address 7520 NW 14th Ct</p> <p>City Miami State FL Zip Code 33147-5720</p> <p>Purpose of Disbursement Per Diem</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> D340991</p> <p>Date of Disbursement 10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Alicia Simpson</p> <p>Mailing Address 7520 NW 14th Ct</p> <p>City Miami State FL Zip Code 33147-5720</p> <p>Purpose of Disbursement Per Diem</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> D340992</p> <p>Date of Disbursement 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Alicia Simpson</p> <p>Mailing Address 7520 NW 14th Ct</p> <p>City Miami State FL Zip Code 33147-5720</p> <p>Purpose of Disbursement Per Diem</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> D340993</p> <p>Date of Disbursement 10 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>

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

240.00

**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) Alicia Simpson</p> <p>Mailing Address 7520 NW 14th Ct</p> <p>City Miami State FL Zip Code 33147-5720</p> <p>Purpose of Disbursement Per Diem</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> D340994 <b>Date of Disbursement</b> 10 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Alicia Simpson</p> <p>Mailing Address 7520 NW 14th Ct</p> <p>City Miami State FL Zip Code 33147-5720</p> <p>Purpose of Disbursement Per Diem</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> D340995 <b>Date of Disbursement</b> 10 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Alicia Simpson</p> <p>Mailing Address 7520 NW 14th Ct</p> <p>City Miami State FL Zip Code 33147-5720</p> <p>Purpose of Disbursement Per Diem</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> D340996 <b>Date of Disbursement</b> 10 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	120.00
<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) Alicia Simpson	Transaction ID: D340997 Date of Disbursement 10 / 25 / 2010
	Mailing Address 7520 NW 14th Ct	
	City Miami State FL Zip Code 33147-5720	Amount of Each Disbursement this Period 40.00
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Alicia Simpson	Transaction ID: D340998 Date of Disbursement 10 / 25 / 2010
	Mailing Address 7520 NW 14th Ct	
	City Miami State FL Zip Code 33147-5720	Amount of Each Disbursement this Period 40.00
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Alicia Simpson	Transaction ID: D340999 Date of Disbursement 10 / 26 / 2010
	Mailing Address 7520 NW 14th Ct	
	City Miami State FL Zip Code 33147-5720	Amount of Each Disbursement this Period 40.00
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	▶	120.00
<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) Alicia Simpson	Transaction ID: D341000 Date of Disbursement 10 / 26 / 2010
	Mailing Address 7520 NW 14th Ct	
	City Miami State FL Zip Code 33147-5720	Amount of Each Disbursement this Period 40.00
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Alicia Simpson	Transaction ID: D341001 Date of Disbursement 10 / 26 / 2010
	Mailing Address 7520 NW 14th Ct	
	City Miami State FL Zip Code 33147-5720	Amount of Each Disbursement this Period 40.00
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Alicia Simpson	Transaction ID: D340988 Date of Disbursement 11 / 01 / 2010
	Mailing Address 7520 NW 14th Ct	
	City Miami State FL Zip Code 33147-5720	Amount of Each Disbursement this Period 80.00
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) ..... ▶

160.00

**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) Megan Simpson	Transaction ID: D339917
	Mailing Address 10752 Deerwood Park South Blvd	Date of Disbursement MM / DD / YYYY 11 / 03 / 2010
	City Jacksonville State FL Zip Code 32256	Amount of Each Disbursement this Period 2500.00
	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) Dana Singer	Transaction ID: D340357
	Mailing Address 11712 Starfish Ave	Date of Disbursement MM / DD / YYYY 11 / 08 / 2010
	City Jacksonville State FL Zip Code 32246	Amount of Each Disbursement this Period 673.97
	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) Dana Singer	Transaction ID: D339735
	Mailing Address 11712 Starfish Ave	Date of Disbursement MM / DD / YYYY 10 / 30 / 2010
	City Jacksonville State FL Zip Code 32246	Amount of Each Disbursement this Period 1792.57
	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) .....	4966.54
<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></p> <p>Full Name (Last, First, Middle Initial) Dana Singer</p> <p>Mailing Address 11712 Starfish Ave</p> <p>City Jacksonville State FL Zip Code 32246</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D339369</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1792.56"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Cornelius Singleton</p> <p>Mailing Address 4230 NW 21st, Apt. 227</p> <p>City Lauderhill State FL Zip Code 33313</p> <p>Purpose of Disbursement Per Diem</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> D344828</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) SKD Knickerbocker</p> <p>Mailing Address 1818 N Street, NW Suite 450</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Direct Mail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D334400</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="10350.00"/></p>

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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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) Jeremiah Smalls	Transaction ID: D344425 Date of Disbursement 10 / 19 / 2010
	Mailing Address 1820 N.W. 28th Ave.	Amount of Each Disbursement this Period 80.00
	City Ft. Lauderdale State FL Zip Code 33331	
	Purpose of Disbursement Per Diem	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) Jacob Smith	Transaction ID: D339614 Date of Disbursement 10 / 30 / 2010
	Mailing Address 2121 Intracoastal Drive	Amount of Each Disbursement this Period 1037.55
	City Fort Lauderdale State FL Zip Code 33305	
	Purpose of Disbursement Salary	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) Jacob Smith	Transaction ID: D338440 Date of Disbursement 10 / 21 / 2010
	Mailing Address 2121 Intracoastal Drive	Amount of Each Disbursement this Period 65.00
	City Fort Lauderdale State FL Zip Code 33305	
	Purpose of Disbursement Phone Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1182.55
<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) Jacob Smith</p> <p>Mailing Address 2121 Intracoastal Drive</p> <p>City Fort Lauderdale State FL Zip Code 33305</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> D339398 <b>Date of Disbursement</b> 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1037.55</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jacob Smith</p> <p>Mailing Address 2121 Intracoastal Drive</p> <p>City Fort Lauderdale State FL Zip Code 33305</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> D340277 <b>Date of Disbursement</b> 11 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 384.09</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Keona Smith</p> <p>Mailing Address 840 NW 12th Ave Apt 1</p> <p>City Fort Lauderdale State FL Zip Code 33311-7193</p> <p>Purpose of Disbursement Per Diem 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> D344501 <b>Date of Disbursement</b> 10 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 440.00</p>

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

1861.64

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

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

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

FOR LINE NUMBER:  
(check only one)

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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) Kevin Smith	Transaction ID: D344558 Date of Disbursement 11 / 02 / 2010
	Mailing Address 729 NW 17th Street Apt 205	Amount of Each Disbursement this Period 800.00
	City Fort Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem	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) Mildred O. Smith	Transaction ID: D339295 Date of Disbursement 10 / 15 / 2010
	Mailing Address 3550 Esplanade Way, #8107	Amount of Each Disbursement this Period 1512.04
	City Tallahassee State FL Zip Code 32811	
	Purpose of Disbursement Salary	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) Mildred O. Smith	Transaction ID: D339593 Date of Disbursement 10 / 30 / 2010
	Mailing Address 3550 Esplanade Way, #8107	Amount of Each Disbursement this Period 1512.05
	City Tallahassee State FL Zip Code 32811	
	Purpose of Disbursement Salary	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>3824.09</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) R. Jamal Smith</p> <p>Mailing Address 372 Newport Glen Court</p> <p>City Newport Beach State CA Zip Code 92660</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D341057 <b>Date of Disbursement</b> 11 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 140.32</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Taneka Smith</p> <p>Mailing Address 2307 NW 56th St</p> <p>City Miami State FL Zip Code 33142-2927</p> <p>Purpose of Disbursement Per Diem</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> D341020 <b>Date of Disbursement</b> 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Taneka Smith</p> <p>Mailing Address 2307 NW 56th St</p> <p>City Miami State FL Zip Code 33142-2927</p> <p>Purpose of Disbursement Per Diem</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> D341021 <b>Date of Disbursement</b> 10 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>

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

300.32

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

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

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

FOR LINE NUMBER: (check only one)

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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) Taneka Smith	Transaction ID: D341022 Date of Disbursement 11 / 01 / 2010
	Mailing Address 2307 NW 56th St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33142-2927	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Taneka Smith	Transaction ID: D341023 Date of Disbursement 11 / 02 / 2010
	Mailing Address 2307 NW 56th St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33142-2927	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Josue Sodevila	Transaction ID: D344504 Date of Disbursement 10 / 23 / 2010
	Mailing Address 19080 NW 27th Ave Apt 204	Amount of Each Disbursement this Period 360.00
	City Miami Gardens State FL Zip Code 33056-2548	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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>520.00</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)

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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) Luis Soldevila</p> <p>Mailing Address 19080 NW 27th Ave Apt 204</p> <p>City Miami Gardens State FL Zip Code 33056-2548</p> <p>Purpose of Disbursement Per Diem</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> D344790</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="440.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) James Solenberger</p> <p>Mailing Address 4281 NE 13th Ave</p> <p>City Pompano Beach State FL Zip Code 33064</p> <p>Purpose of Disbursement Per Diem</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> D344575</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="600.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Joshua Solomon</p> <p>Mailing Address 5575 NW 119th Drive</p> <p>City Pompano Beach State FL Zip Code 33076</p> <p>Purpose of Disbursement Salary</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> D339570</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="29.04"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="1069.04"/></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) George Sortino</p> <p>Mailing Address 211 NE 15th Ave</p> <p>City Pompano Beach State FL Zip Code 33060</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> D339576 <b>Date of Disbursement</b> 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 390.95</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Naomi Soto</p> <p>Mailing Address 494 Green Spring Circle</p> <p>City Winter Springs State FL Zip Code 32708</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> D333707 <b>Date of Disbursement</b> 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 26.80</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Naomi Soto</p> <p>Mailing Address 494 Green Spring Circle</p> <p>City Winter Springs State FL Zip Code 32708</p> <p>Purpose of Disbursement Per Diem 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> D333708 <b>Date of Disbursement</b> 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 13.20</p>

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

430.95

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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) Latonya Spann</p> <p>Mailing Address 434 SW 22nd Terrace</p> <p>City Fort Lauderdale State FL Zip Code 33312</p> <p>Purpose of Disbursement Per Diem</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> D344572</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="720.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Dorothy Sparks</p> <p>Mailing Address 5300 SW 23rd St</p> <p>City West Park State FL Zip Code 33023-3128</p> <p>Purpose of Disbursement Per Diem</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> D344797</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="240.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mr. James L. Sparks</p> <p>Mailing Address 5300 SW 23rd St</p> <p>City West Park State FL Zip Code 33023-3128</p> <p>Purpose of Disbursement Per Diem</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> D344803</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="160.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1120.00"/>
<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

A.	Full Name (Last, First, Middle Initial) Sprint	Transaction ID: D332249 Date of Disbursement 10 / 15 / 2010
	Mailing Address 6450 Sprint Parkway	Amount of Each Disbursement this Period 110.20
	City Overland Park State KS Zip Code 66251	
	Purpose of Disbursement Admin Internet	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Delva St. Remy	Transaction ID: D342403 Date of Disbursement 10 / 24 / 2010
	Mailing Address 1661 NW 51 Ave.	Amount of Each Disbursement this Period 40.00
	City Fort Lauderdale State FL Zip Code 33313	
	Purpose of Disbursement Per Diem	Category/Type
	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) Delva St. Remy	Transaction ID: D342404 Date of Disbursement 10 / 25 / 2010
	Mailing Address 1661 NW 51 Ave.	Amount of Each Disbursement this Period 40.00
	City Fort Lauderdale State FL Zip Code 33313	
	Purpose of Disbursement Per Diem	Category/Type
	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) .....	190.20
<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) Delva St. Remy	Transaction ID: D342405 Date of Disbursement
	Mailing Address 1661 NW 51 Ave.	<input type="text" value="10"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Fort Lauderdale State FL Zip Code 33313	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="40.00"/>
	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) James Stanley	Transaction ID: D341155 Date of Disbursement
	Mailing Address 15281 NW 18th Ave	<input type="text" value="10"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Opa Locka State FL Zip Code 33054-2962	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="80.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) James Stanley	Transaction ID: D341157 Date of Disbursement
	Mailing Address 15281 NW 18th Ave	<input type="text" value="10"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Opa Locka State FL Zip Code 33054-2962	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="80.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**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) James Stanley</p> <p>Mailing Address 15281 NW 18th Ave</p> <p>City Opa Locka State FL Zip Code 33054-2962</p> <p>Purpose of Disbursement Per Diem</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> D341158 <b>Date of Disbursement</b> 11 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) James Stanley</p> <p>Mailing Address 15281 NW 18th Ave</p> <p>City Opa Locka State FL Zip Code 33054-2962</p> <p>Purpose of Disbursement Per Diem</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> D341159 <b>Date of Disbursement</b> 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Zedekiah Stanley</p> <p>Mailing Address 12501 W Randall Park Dr</p> <p>City Miami State FL Zip Code 33167-2164</p> <p>Purpose of Disbursement Per Diem</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> D340642 <b>Date of Disbursement</b> 11 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>

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

240.00

**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) Zedekiah Stanley	Transaction ID: D340643 Date of Disbursement 11 / 02 / 2010
	Mailing Address 12501 W Randall Park Dr	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33167-2164	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Zedekiah Stanley	Transaction ID: D340644 Date of Disbursement 10 / 27 / 2010
	Mailing Address 12501 W Randall Park Dr	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33167-2164	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Zedekiah Stanley	Transaction ID: D340645 Date of Disbursement 10 / 28 / 2010
	Mailing Address 12501 W Randall Park Dr	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33167-2164	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	240.00
<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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FOR LINE NUMBER:  
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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) Zedekiah Stanley	Transaction ID: D340646 Date of Disbursement 10 / 29 / 2010
	Mailing Address 12501 W Randall Park Dr	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33167-2164	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Zedekiah Stanley	Transaction ID: D340647 Date of Disbursement 10 / 30 / 2010
	Mailing Address 12501 W Randall Park Dr	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33167-2164	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Zedekiah Stanley	Transaction ID: D340648 Date of Disbursement 10 / 31 / 2010
	Mailing Address 12501 W Randall Park Dr	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33167-2164	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) ..... ▶

240.00

**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) Clint Starling	Transaction ID: D333705 Date of Disbursement 10 / 15 / 2010
	Mailing Address 3801 Summer Wind Dr.	Amount of Each Disbursement this Period 690.10
	City Winter Park State FL Zip Code 32792	
	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) Clint Starling	Transaction ID: D333706 Date of Disbursement 10 / 15 / 2010
	Mailing Address 3801 Summer Wind Dr.	Amount of Each Disbursement this Period 339.90
	City Winter Park State FL Zip Code 32792	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Clint Starling	Transaction ID: D339521 Date of Disbursement 10 / 30 / 2010
	Mailing Address 3801 Summer Wind Dr.	Amount of Each Disbursement this Period 906.02
	City Winter Park State FL Zip Code 32792	
	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) .....	▶	1936.02
<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) Jerome Starling Mailing Address 568 NE 71st St City Miami State FL Zip Code 33138-5016 Purpose of Disbursement Per Diem 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>Transaction ID:</b> D340629 Date of Disbursement 11 / 01 / 2010 Amount of Each Disbursement this Period 80.00	
<b>B.</b>	Full Name (Last, First, Middle Initial) Jerome Starling Mailing Address 568 NE 71st St City Miami State FL Zip Code 33138-5016 Purpose of Disbursement Per Diem 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>Transaction ID:</b> D340630 Date of Disbursement 11 / 02 / 2010 Amount of Each Disbursement this Period 80.00	
<b>C.</b>	Full Name (Last, First, Middle Initial) Jerome Starling Mailing Address 568 NE 71st St City Miami State FL Zip Code 33138-5016 Purpose of Disbursement Per Diem 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>Transaction ID:</b> D340631 Date of Disbursement 10 / 27 / 2010 Amount of Each Disbursement this Period 80.00	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>240.00</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)

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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) Jerome Starling</p> <p>Mailing Address 568 NE 71st St</p> <p>City Miami State FL Zip Code 33138-5016</p> <p>Purpose of Disbursement Per Diem</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> D340632</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jerome Starling</p> <p>Mailing Address 568 NE 71st St</p> <p>City Miami State FL Zip Code 33138-5016</p> <p>Purpose of Disbursement Per Diem</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> D340633</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jerome Starling</p> <p>Mailing Address 568 NE 71st St</p> <p>City Miami State FL Zip Code 33138-5016</p> <p>Purpose of Disbursement Per Diem</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> D340634</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="240.00"/></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

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) Jerome Starling	Transaction ID: D340635 Date of Disbursement 10 / 31 / 2010
	Mailing Address 568 NE 71st St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33138-5016	
	Purpose of Disbursement Per Diem	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) Leondria Stevens	Transaction ID: D340561 Date of Disbursement 11 / 02 / 2010
	Mailing Address 2566 West Tennessee Street	Amount of Each Disbursement this Period 280.00
	City Tallahassee State FL Zip Code 32304	
	Purpose of Disbursement Salary	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) Leondria Stevens	Transaction ID: D339266 Date of Disbursement 10 / 26 / 2010
	Mailing Address 2566 West Tennessee Street	Amount of Each Disbursement this Period 180.00
	City Tallahassee State FL Zip Code 32304	
	Purpose of Disbursement Salary	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

540.00

**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) Christopher Stickney</p> <p>Mailing Address 706 N 13th Ave</p> <p>City Lake Worth State FL Zip Code 33460</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> D339582 <b>Date of Disbursement</b> 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 242.42</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Janet Stinger</p> <p>Mailing Address 1433 SE 5th Court</p> <p>City Deerfield Beach State FL Zip Code 33441</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> D340092 <b>Date of Disbursement</b> 10 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 262.50</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Bobby Stokes</p> <p>Mailing Address 1261 Sesame St</p> <p>City Opa Locka State FL Zip Code 33054-3419</p> <p>Purpose of Disbursement Per Diem 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> D340622 <b>Date of Disbursement</b> 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>584.92</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)

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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) Bobby Stokes	Transaction ID: D340624 Date of Disbursement 10 / 31 / 2010
	Mailing Address 1261 Sesame St	
	City Opa Locka State FL Zip Code 33054-3419	Amount of Each Disbursement this Period 80.00
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Bobby Stokes	Transaction ID: D340625 Date of Disbursement 11 / 01 / 2010
	Mailing Address 1261 Sesame St	
	City Opa Locka State FL Zip Code 33054-3419	Amount of Each Disbursement this Period 80.00
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Bobby Stokes	Transaction ID: D340626 Date of Disbursement 11 / 02 / 2010
	Mailing Address 1261 Sesame St	
	City Opa Locka State FL Zip Code 33054-3419	Amount of Each Disbursement this Period 80.00
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	240.00
<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) Agnes Strange	Transaction ID: D340569 Date of Disbursement 11 / 02 / 2010
	Mailing Address 1030 NW 58th St	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33127-1324	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Tatanisha Streeter	Transaction ID: D340206 Date of Disbursement 10 / 31 / 2010
	Mailing Address 2461 NW 154th St	Amount of Each Disbursement this Period 80.00
	City Opa Locka State FL Zip Code 33054-2744	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Tatanisha Streeter	Transaction ID: D340207 Date of Disbursement 11 / 01 / 2010
	Mailing Address 2461 NW 154th St	Amount of Each Disbursement this Period 80.00
	City Opa Locka State FL Zip Code 33054-2744	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	200.00
<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) Tatanisha Streeter	Transaction ID: D340208 Date of Disbursement 11 / 02 / 2010
	Mailing Address 2461 NW 154th St	Amount of Each Disbursement this Period 80.00
	City Opa Locka State FL Zip Code 33054-2744	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Malcolm Strickland	Transaction ID: D339977 Date of Disbursement 11 / 04 / 2010
	Mailing Address 400 W 30th Street	Amount of Each Disbursement this Period 325.00
	City Rivera Beach State FL Zip Code 33404	
	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) Conrad Stroman	Transaction ID: D339661 Date of Disbursement 10 / 30 / 2010
	Mailing Address 2625 SW 75th Street, Apt 1331	Amount of Each Disbursement this Period 1625.86
	City Gainesville State FL Zip Code 32608	
	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) .....	2030.86
<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) Conrad Stroman	Transaction ID: D340305 Date of Disbursement 11 / 08 / 2010
	Mailing Address 2625 SW 75th Street, Apt 1331	Amount of Each Disbursement this Period 584.88
	City Gainesville State FL Zip Code 32608	
	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) Conrad Stroman	Transaction ID: D339341 Date of Disbursement 10 / 15 / 2010
	Mailing Address 2625 SW 75th Street, Apt 1331	Amount of Each Disbursement this Period 1625.86
	City Gainesville State FL Zip Code 32608	
	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) Rafael Suarez	Transaction ID: D339501 Date of Disbursement 10 / 30 / 2010
	Mailing Address 100 Golden Isles Dr Apt 1003	Amount of Each Disbursement this Period 696.09
	City Hallandale Beach State FL Zip Code 33009-8811	
	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) .....	2906.83
<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 610 / 761

<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) Marie Sully	Transaction ID: D340620 Date of Disbursement 11 / 02 / 2010
	Mailing Address 2251 NW 52nd Ct	Amount of Each Disbursement this Period 80.00
	City Fort Lauderdale State FL Zip Code 33309-2623	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Marie Sully	Transaction ID: D340615 Date of Disbursement 10 / 23 / 2010
	Mailing Address 2251 NW 52nd Ct	Amount of Each Disbursement this Period 20.00
	City Fort Lauderdale State FL Zip Code 33309-2623	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Marie Sully	Transaction ID: D340616 Date of Disbursement 10 / 23 / 2010
	Mailing Address 2251 NW 52nd Ct	Amount of Each Disbursement this Period 20.00
	City Fort Lauderdale State FL Zip Code 33309-2623	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) ..... ▶

120.00

**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) Marie Sully	Transaction ID: D340617
	Mailing Address 2251 NW 52nd Ct	Date of Disbursement 10 / 24 / 2010
	City Fort Lauderdale State FL Zip Code 33309-2623	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Per Diem	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Marie Sully	Transaction ID: D340618
	Mailing Address 2251 NW 52nd Ct	Date of Disbursement 10 / 24 / 2010
	City Fort Lauderdale State FL Zip Code 33309-2623	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Per Diem	Category/Type
	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) Rachael Sultman	Transaction ID: D339242
	Mailing Address 3737 Shawn Circle	Date of Disbursement 10 / 26 / 2010
	City Orlando State FL Zip Code 32826	Amount of Each Disbursement this Period 40.00
	Purpose of Disbursement Salary	Category/Type
	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) .....	80.00
<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></p> <p>Full Name (Last, First, Middle Initial) Brian Sweet</p> <p>Mailing Address 2171 N.W. 29th Ave</p> <p>City Ft. Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D344824</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Latoria Sweet</p> <p>Mailing Address 2171 N.W. 29th Ave.</p> <p>City Ft. Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D344429</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="200.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Switchboard Communications</p> <p>Mailing Address 888 16th St NW Ste 333</p> <p>City Washington State DC Zip Code 20006-4103</p> <p>Purpose of Disbursement Telephone Calls</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> D338570</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2755.01"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="2995.01"/></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

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) Switchboard Communications	Transaction ID: D339258 Date of Disbursement
	Mailing Address 888 16th St NW Ste 333	<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20006-4103	Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone Calls/Sink/Gov/N Candidate Name	<input type="text" value="59577.60"/>
	Office Sought: <input type="checkbox"/> House <input 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) Switchboard Communications	Transaction ID: D341196 Date of Disbursement
	Mailing Address 888 16th St NW Ste 333	<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20006-4103	Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone Calls Candidate Name	<input type="text" value="5186.61"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Omar Syed	Transaction ID: D338449 Date of Disbursement
	Mailing Address 13538 Lake Maydalene Drive	<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City Tampa State FL Zip Code 33613	Amount of Each Disbursement this Period
	Purpose of Disbursement Phone Expense Candidate Name	<input type="text" value="65.00"/>
	Office Sought: <input type="checkbox"/> House <input 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="64829.21"/>
<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) Omar Syed	Transaction ID: D339613 Date of Disbursement 10 / 30 / 2010
	Mailing Address 13538 Lake Maydalene Drive	Amount of Each Disbursement this Period 1037.56
	City Tampa State FL Zip Code 33613	
	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) Omar Syed	Transaction ID: D340276 Date of Disbursement 11 / 08 / 2010
	Mailing Address 13538 Lake Maydalene Drive	Amount of Each Disbursement this Period 384.08
	City Tampa State FL Zip Code 33613	
	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) Omar Syed	Transaction ID: D339396 Date of Disbursement 10 / 15 / 2010
	Mailing Address 13538 Lake Maydalene Drive	Amount of Each Disbursement this Period 1037.55
	City Tampa State FL Zip Code 33613	
	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) .....	2459.19
<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) Jasmine Sykes	Transaction ID: D340544 Date of Disbursement 11 / 02 / 2010
	Mailing Address 747 West 7th Ave	Amount of Each Disbursement this Period 40.00
	City Tallahassee State FL Zip Code 32303	
	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) Jasmine Sykes	Transaction ID: D339272 Date of Disbursement 10 / 26 / 2010
	Mailing Address 747 West 7th Ave	Amount of Each Disbursement this Period 145.00
	City Tallahassee State FL Zip Code 32303	
	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) Joseph Szerejko	Transaction ID: D339344 Date of Disbursement 10 / 15 / 2010
	Mailing Address 15 Thicket Lane	Amount of Each Disbursement this Period 1501.41
	City West Hartford State CT Zip Code 06107	
	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) .....	▶	1686.41
<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)

<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) Joseph Szerejko</p> <p>Mailing Address 15 Thicket Lane</p> <p>City West Hartford State CT Zip Code 06107</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D340306</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="554.12"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Joseph Szerejko</p> <p>Mailing Address 15 Thicket Lane</p> <p>City West Hartford State CT Zip Code 06107</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D332235</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="65.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Joseph Szerejko</p> <p>Mailing Address 15 Thicket Lane</p> <p>City West Hartford State CT Zip Code 06107</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D339662</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1501.40"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2120.52"/>
<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

<b>A.</b> Full Name (Last, First, Middle Initial) T-Mobile Mailing Address PO Box 37380 City Albuquerque State NM Zip Code 87176-7380 Purpose of Disbursement Admin Cell Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D334338 Date of Disbursement 10 / 19 / 2010
	Amount of Each Disbursement this Period 1515.55
	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) T-Mobile Mailing Address PO Box 37380 City Albuquerque State NM Zip Code 87176-7380 Purpose of Disbursement Admin Cell Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D334339 Date of Disbursement 10 / 22 / 2010
	Amount of Each Disbursement this Period 4279.62
	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) Jamar Talomerna Mailing Address 815 NW 3rd Ter City Hallandale Beach State FL Zip Code 33009-2314 Purpose of Disbursement Per Diem 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: D344807 Date of Disbursement 10 / 23 / 2010
	Amount of Each Disbursement this Period 1160.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

6955.17

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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) Chris Taylor  Mailing Address 2510 Fletcher Ct  City Hollywood State FL Zip Code 33020-5860  Purpose of Disbursement Per Diem 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: D344811 Date of Disbursement 10 / 23 / 2010  Amount of Each Disbursement this Period 200.00
B.	Full Name (Last, First, Middle Initial) Kendra Taylor  Mailing Address 1501 NW 40th St  City Miami State FL Zip Code 33142-4840  Purpose of Disbursement Per Diem 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: D344816 Date of Disbursement 11 / 01 / 2010  Amount of Each Disbursement this Period 80.00
C.	Full Name (Last, First, Middle Initial) Rome Taylor  Mailing Address 2820 NW 172nd Ter  City Miami Gardens State FL Zip Code 33056-4453  Purpose of Disbursement Per Diem 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: D344822 Date of Disbursement 10 / 23 / 2010  Amount of Each Disbursement this Period 440.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	720.00
<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) Aris Teague	Transaction ID: D339932 Date of Disbursement 11 / 03 / 2010
	Mailing Address 7838 Caston Circle East	Amount of Each Disbursement this Period 65.00
	City Jacksonville State FL Zip Code 32208	
	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) Aris Teague	Transaction ID: D341130 Date of Disbursement 11 / 12 / 2010
	Mailing Address 7838 Caston Circle East	Amount of Each Disbursement this Period 390.00
	City Jacksonville State FL Zip Code 32208	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Eric Tegethoff	Transaction ID: D339524 Date of Disbursement 10 / 30 / 2010
	Mailing Address 3609 Dubsdread Cir	Amount of Each Disbursement this Period 387.86
	City Orlando State FL Zip Code 32804-3079	
	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) .....	<b>842.86</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)

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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) Eric Tegethoff	Transaction ID: D333713 Date of Disbursement 10 / 15 / 2010
	Mailing Address 3609 Dubsdread Cir	Amount of Each Disbursement this Period 268.00
	City Orlando State FL Zip Code 32804-3079	
	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 Tegethoff	Transaction ID: D333721 Date of Disbursement 10 / 15 / 2010
	Mailing Address 3609 Dubsdread Cir	Amount of Each Disbursement this Period 132.00
	City Orlando State FL Zip Code 32804-3079	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Fritz Telijmsa	Transaction ID: D344432 Date of Disbursement 11 / 01 / 2010
	Mailing Address 2900 N.W. 56th Avenue Apt. 0402	Amount of Each Disbursement this Period 80.00
	City Lauderhill State FL Zip Code 33313	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	480.00
<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) Chris Temple</p> <p>Mailing Address 3390 S Douglas Rd Apt 303</p> <p>City Miramar State FL Zip Code 33025-2763</p> <p>Purpose of Disbursement Per Diem</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> D344825 <b>Date of Disbursement</b> 10 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 1240.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Horace Tenney</p> <p>Mailing Address 1613 NW 24th Ave</p> <p>City Fort Lauderdale State FL Zip Code 33311-4513</p> <p>Purpose of Disbursement Per Diem</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> D344827 <b>Date of Disbursement</b> 10 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 520.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) The Baughman Company</p> <p>Mailing Address 1782 Union Street</p> <p>City San Francisco State CA Zip Code 94123</p> <p>Purpose of Disbursement Direct Mail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D334398 <b>Date of Disbursement</b> 10 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 29870.22</p>

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

31630.22

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

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

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

FOR LINE NUMBER:  
(check only one)

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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) The Baughman Company</p> <p>Mailing Address 1782 Union Street</p> <p>City San Francisco State CA Zip Code 94123</p> <p>Purpose of Disbursement Persuasion Mail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D346230 <b>Date of Disbursement</b> 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 6000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) The Gospel Truth</p> <p>Mailing Address 8519 Franjo Road</p> <p>City Miami State FL Zip Code 33189</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D332262 <b>Date of Disbursement</b> 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 7422.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) The Tyson Organization</p> <p>Mailing Address 855 Texas Street</p> <p>City Fort Worth State TX Zip Code 76102-4527</p> <p>Purpose of Disbursement Telephone Calls</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> D339292 <b>Date of Disbursement</b> 10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 137585.56</p>

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

151007.56

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

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

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

FOR LINE NUMBER: (check only one)

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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) The Tyson Organization	Transaction ID: D339963 Date of Disbursement
	Mailing Address 855 Texas Street	<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City Fort Worth State TX Zip Code 76102-4527	Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone Calls Candidate Name	<input type="text" value="10345.22"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) The Tyson Organization	Transaction ID: D338544 Date of Disbursement
	Mailing Address 855 Texas Street	<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City Fort Worth State TX Zip Code 76102-4527	Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone Calls Candidate Name	<input type="text" value="1715.18"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) The Tyson Organization	Transaction ID: D346288 Date of Disbursement
	Mailing Address 855 Texas Street	<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City Fort Worth State TX Zip Code 76102-4527	Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone Calls Candidate Name	<input type="text" value="50650.05"/>
	Office Sought: <input type="checkbox"/> House <input 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) ..... ▶

**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></p> <p>Full Name (Last, First, Middle Initial) The Tyson Organization</p> <p>Mailing Address 855 Texas Street</p> <p>City Fort Worth State TX Zip Code 76102-4527</p> <p>Purpose of Disbursement Telephone Calls</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> D339250</p> <p>Date of Disbursement 10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 350000.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) The Tyson Organization</p> <p>Mailing Address 855 Texas Street</p> <p>City Fort Worth State TX Zip Code 76102-4527</p> <p>Purpose of Disbursement Telephone Calls</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> D333087</p> <p>Date of Disbursement 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) The Tyson Organization</p> <p>Mailing Address 855 Texas Street</p> <p>City Fort Worth State TX Zip Code 76102-4527</p> <p>Purpose of Disbursement Telephone Calls</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> D338613</p> <p>Date of Disbursement 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 1715.18</p>

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

**354215.18**

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

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

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

FOR LINE NUMBER:  
(check only one)

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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) Kristopher Thibault	Transaction ID: D340117 Date of Disbursement 10 / 31 / 2010
	Mailing Address 2632 13th Terrace	Amount of Each Disbursement this Period 681.25
	City Pompano Beach State FL Zip Code 33064	
	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) Kristopher Thibault	Transaction ID: D339578 Date of Disbursement 10 / 30 / 2010
	Mailing Address 2632 13th Terrace	Amount of Each Disbursement this Period 80.81
	City Pompano Beach State FL Zip Code 33064	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ashley Thomas	Transaction ID: D338477 Date of Disbursement 10 / 25 / 2010
	Mailing Address 1690 Dunn Ave, Apt 806	Amount of Each Disbursement this Period 65.00
	City Daytona Beach State FL Zip Code 32114	
	Purpose of Disbursement Phone Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	827.06
<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)

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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) Ashley Thomas</p> <p>Mailing Address 1690 Dunn Ave, Apt 806</p> <p>City Daytona Beach State FL Zip Code 32114</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> D340401 <b>Date of Disbursement</b> 11 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 384.78</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ashley Thomas</p> <p>Mailing Address 1690 Dunn Ave, Apt 806</p> <p>City Daytona Beach State FL Zip Code 32114</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> D340531 <b>Date of Disbursement</b> 11 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 583.31</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ashley Thomas</p> <p>Mailing Address 1690 Dunn Ave, Apt 806</p> <p>City Daytona Beach State FL Zip Code 32114</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> D338439 <b>Date of Disbursement</b> 10 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1250.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2218.09</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)

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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) Ashley Thomas	Transaction ID: D340177 Date of Disbursement MM / DD / YYYY 11 / 09 / 2010
	Mailing Address 1690 Dunn Ave, Apt 806	Amount of Each Disbursement this Period 1999.25
	City Daytona Beach State FL Zip Code 32114	
	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) Elijah Thomas	Transaction ID: D340504 Date of Disbursement MM / DD / YYYY 11 / 03 / 2010
	Mailing Address 1924 W 44th Street	Amount of Each Disbursement this Period 455.00
	City Jacksonville State FL Zip Code 32209	
	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) Marie Thomas	Transaction ID: D340112 Date of Disbursement MM / DD / YYYY 10 / 31 / 2010
	Mailing Address 524 S. Beach Street Apt 207	Amount of Each Disbursement this Period 520.00
	City Daytona Beach State FL Zip Code 32114	
	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) .....	▶	2974.25
<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) Michael Thomas</p> <p>Mailing Address 8050 Arlington Expressway #1911</p> <p>City Jacksonville State FL Zip Code 32214</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> D340181 <b>Date of Disbursement</b> 11 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 455.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Valerie Thomas</p> <p>Mailing Address 8050 Arlington Expressway #51911</p> <p>City Jacksonville State FL Zip Code 32219</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> D339922 <b>Date of Disbursement</b> 11 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 455.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Sherraine Thompson</p> <p>Mailing Address 8050 Arlington Expressway #J-1912</p> <p>City Jacksonville State FL Zip Code 32211</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> D340494 <b>Date of Disbursement</b> 11 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 455.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1365.00
<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) Wayne Thompson	Transaction ID: D344434 Date of Disbursement 11 / 02 / 2010
	Mailing Address 2024 N.W. 46 Ave.	Amount of Each Disbursement this Period 80.00
	City Lauderhill State FL Zip Code 33313	
	Purpose of Disbursement Per Diem	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) Karen L. Thurman	Transaction ID: D339596 Date of Disbursement 10 / 30 / 2010
	Mailing Address 9067 S.W. 190th Ave., Rd.	Amount of Each Disbursement this Period 3232.94
	City Dunnellon State FL Zip Code 34423	
	Purpose of Disbursement Salary	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) Karen L. Thurman	Transaction ID: D339301 Date of Disbursement 10 / 15 / 2010
	Mailing Address 9067 S.W. 190th Ave., Rd.	Amount of Each Disbursement this Period 3232.95
	City Dunnellon State FL Zip Code 34423	
	Purpose of Disbursement Salary	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) .....	6545.89
<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) Brandon Tillman</p> <p>Mailing Address 1141 N.W. 44th Terrace</p> <p>City State Zip Code Lauderhill FL 33313</p> <p>Purpose of Disbursement Per Diem</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> D344437 <b>Date of Disbursement</b> 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 360.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Davaris Toney</p> <p>Mailing Address 1240 NE 203rd St</p> <p>City State Zip Code Miami FL 33179-2631</p> <p>Purpose of Disbursement Per Diem</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> D344829 <b>Date of Disbursement</b> 10 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Terrance Toney</p> <p>Mailing Address 1240 NE 203rd St</p> <p>City State Zip Code Miami FL 33179-2631</p> <p>Purpose of Disbursement Per Diem</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> D344830 <b>Date of Disbursement</b> 10 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>440.00</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)

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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) Jasmine Toomer	Transaction ID: D340279 Date of Disbursement 10 / 29 / 2010
	Mailing Address 151 NW 189th St	
	City Miami State FL Zip Code 33169-4020	Amount of Each Disbursement this Period 80.00
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Jasmine Toomer	Transaction ID: D340282 Date of Disbursement 10 / 31 / 2010
	Mailing Address 151 NW 189th St	
	City Miami State FL Zip Code 33169-4020	Amount of Each Disbursement this Period 80.00
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Jasmine Toomer	Transaction ID: D340284 Date of Disbursement 11 / 01 / 2010
	Mailing Address 151 NW 189th St	
	City Miami State FL Zip Code 33169-4020	Amount of Each Disbursement this Period 80.00
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	240.00
<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) Jasmine Toomer</p> <p>Mailing Address 151 NW 189th St</p> <p>City Miami State FL Zip Code 33169-4020</p> <p>Purpose of Disbursement Per Diem</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> D340285</p> <p>Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Joel Toussaint</p> <p>Mailing Address 2201 NW 80th Ave</p> <p>City Fort Lauderdale State FL Zip Code 33322</p> <p>Purpose of Disbursement Per Diem</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> D344545</p> <p>Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 720.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Merlet Toussaint</p> <p>Mailing Address 117 SE</p> <p>City Miami State FL Zip Code 33161</p> <p>Purpose of Disbursement Per Diem</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> D341014</p> <p>Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 20.00</p>

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

820.00

**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) Merlet Toussaint</p> <p>Mailing Address 117 SE</p> <p>City Miami State FL Zip Code 33161</p> <p>Purpose of Disbursement Per Diem</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> D341015 <b>Date of Disbursement</b> 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 20.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Gabriella Traverso</p> <p>Mailing Address 1918 Botany Drive</p> <p>City Tallahassee State FL Zip Code 32303</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D340549 <b>Date of Disbursement</b> 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 300.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Marvin Tribble</p> <p>Mailing Address 3881 S.W. 63 Ave</p> <p>City Davie State FL Zip Code 33314</p> <p>Purpose of Disbursement Per Diem</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> D344438 <b>Date of Disbursement</b> 11 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>

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

400.00

**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) Artovio Tucker	Transaction ID: D344439 Date of Disbursement 10 / 17 / 2010
	Mailing Address 2789 NW 13 Street	Amount of Each Disbursement this Period 1000.00
	City Ft Lauderdale State FL Zip Code 33311	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Tonisha Tucker	Transaction ID: D340471 Date of Disbursement 11 / 01 / 2010
	Mailing Address 2455 NW 169 St	Amount of Each Disbursement this Period 80.00
	City Opa Locka State FL Zip Code 33056	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Tonisha Tucker	Transaction ID: D340472 Date of Disbursement 11 / 02 / 2010
	Mailing Address 2455 NW 169 St	Amount of Each Disbursement this Period 80.00
	City Opa Locka State FL Zip Code 33056	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	▶	1160.00
<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) Tonisha Tucker	Transaction ID: D340473 Date of Disbursement
	Mailing Address 2455 NW 169 St	<input type="text" value="10"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Opa Locka State FL Zip Code 33056	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="80.00"/>
	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) Tonisha Tucker	Transaction ID: D340474 Date of Disbursement
	Mailing Address 2455 NW 169 St	<input type="text" value="10"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Opa Locka State FL Zip Code 33056	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="80.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Tonisha Tucker	Transaction ID: D340475 Date of Disbursement
	Mailing Address 2455 NW 169 St	<input type="text" value="10"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Opa Locka State FL Zip Code 33056	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="80.00"/>
	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="240.00"/>
<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) Tonisha Tucker	Transaction ID: D340476 Date of Disbursement 10 / 30 / 2010
	Mailing Address 2455 NW 169 St	Amount of Each Disbursement this Period 80.00
	City Opa Locka State FL Zip Code 33056	
	Purpose of Disbursement Per Diem	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) Tonisha Tucker	Transaction ID: D340477 Date of Disbursement 10 / 31 / 2010
	Mailing Address 2455 NW 169 St	Amount of Each Disbursement this Period 80.00
	City Opa Locka State FL Zip Code 33056	
	Purpose of Disbursement Per Diem	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) Christopher Turner	Transaction ID: D345358 Date of Disbursement 11 / 11 / 2010
	Mailing Address 2500 Merchants Row Blvd Apt 64	Amount of Each Disbursement this Period 1500.00
	City Tallahassee State FL Zip Code 32311-3658	
	Purpose of Disbursement Salary	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) .....	▶	1660.00
<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) Christopher Turner	Transaction ID: D345196 Date of Disbursement 11 / 02 / 2010
	Mailing Address 2500 Merchants Row Blvd Apt 64	Amount of Each Disbursement this Period 125.00
	City Tallahassee State FL Zip Code 32311-3658	
	Purpose of Disbursement Auto Travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Christopher Turner	Transaction ID: D339488 Date of Disbursement 10 / 30 / 2010
	Mailing Address 2500 Merchants Row Blvd Apt 64	Amount of Each Disbursement this Period 1014.85
	City Tallahassee State FL Zip Code 32311-3658	
	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) Lemar Turner	Transaction ID: D340315 Date of Disbursement 10 / 30 / 2010
	Mailing Address 3831 NW 175 Street	Amount of Each Disbursement this Period 80.00
	City Opa Locka State FL Zip Code 33055	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	▶	1219.85
<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) Lemar Turner</p> <p>Mailing Address 3831 NW 175 Street</p> <p>City Opa Locka State FL Zip Code 33055</p> <p>Purpose of Disbursement Per Diem</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> D340316</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Lemar Turner</p> <p>Mailing Address 3831 NW 175 Street</p> <p>City Opa Locka State FL Zip Code 33055</p> <p>Purpose of Disbursement Per Diem</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> D340317</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Lemar Turner</p> <p>Mailing Address 3831 NW 175 Street</p> <p>City Opa Locka State FL Zip Code 33055</p> <p>Purpose of Disbursement Per Diem</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> D340318</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="240.00"/></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

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) Tanya Turnier	Transaction ID: D342345 Date of Disbursement 10 / 24 / 2010
	Mailing Address 385 NE 159th Street	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33162	
	Purpose of Disbursement Per Diem	
	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) Tanya Turnier	Transaction ID: D342346 Date of Disbursement 10 / 25 / 2010
	Mailing Address 385 NE 159th Street	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33162	
	Purpose of Disbursement Per Diem	
	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) Tanya Turnier	Transaction ID: D342347 Date of Disbursement 10 / 25 / 2010
	Mailing Address 385 NE 159th Street	Amount of Each Disbursement this Period 40.00
	City Miami State FL Zip Code 33162	
	Purpose of Disbursement Per Diem	
	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) ..... ▶

120.00

**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) Hafsah Ullah	Transaction ID: D339519
	Mailing Address 11336 Bridge House Rd	Date of Disbursement 10 / 30 / 2010
	City Windermere State FL Zip Code 34786	Amount of Each Disbursement this Period 844.18
	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) Hafsah Ullah	Transaction ID: D341265
	Mailing Address 11336 Bridge House Rd	Date of Disbursement 11 / 15 / 2010
	City Windermere State FL Zip Code 34786	Amount of Each Disbursement this Period 844.17
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Adam Unger	Transaction ID: D339624
	Mailing Address 2309 Old Bainbridge Rd # 101 C	Date of Disbursement 10 / 30 / 2010
	City Tallahassee State FL Zip Code 32303-3805	Amount of Each Disbursement this Period 1154.37
	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) .....	2842.72
<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) Adam Unger</p> <p>Mailing Address 2309 Old Bainbridge Rd # 101 C</p> <p>City Tallahassee State FL Zip Code 32303-3805</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D332236 <b>Date of Disbursement</b> 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 65.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Adam Unger</p> <p>Mailing Address 2309 Old Bainbridge Rd # 101 C</p> <p>City Tallahassee State FL Zip Code 32303-3805</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D339397 <b>Date of Disbursement</b> 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1154.38</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Adam Unger</p> <p>Mailing Address 2309 Old Bainbridge Rd # 101 C</p> <p>City Tallahassee State FL Zip Code 32303-3805</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D340280 <b>Date of Disbursement</b> 11 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 384.79</p>

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

1604.17

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

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

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

FOR LINE NUMBER:  
(check only one)

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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) United States Postal Service	Transaction ID: D338568 Date of Disbursement 10 / 27 / 2010
	Mailing Address Accounting Service Center 2825 Lone Oak Pkwy. (3rd Floor SS)	Amount of Each Disbursement this Period 17.40
	City Saint Paul State MN Zip Code 55121-9610	
	Purpose of Disbursement Admin Shipping Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Melissa Uribe	Transaction ID: D340091 Date of Disbursement 10 / 31 / 2010
	Mailing Address 4866 Messana Terrace	Amount of Each Disbursement this Period 693.75
	City Lake Worth State FL Zip Code 33463	
	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) Sergio Valle	Transaction ID: D344832 Date of Disbursement 10 / 23 / 2010
	Mailing Address 2830 NW 153rd Ter	Amount of Each Disbursement this Period 400.00
	City Opa Locka State FL Zip Code 33054-2622	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) ..... ▶

1111.15

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: D338564 Date of Disbursement
	Mailing Address P.O. Box 660108	<input type="text" value="10"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Dallas State TX Zip Code 75266	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Equipment	<input type="text" value="253.71"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Eclairtide Vil	Transaction ID: D342343 Date of Disbursement
	Mailing Address 3701 NW 21st Apt 311	<input type="text" value="10"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Fort Lauderdale State FL Zip Code 33311	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="40.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Eclairtide Vil	Transaction ID: D342344 Date of Disbursement
	Mailing Address 3701 NW 21st Apt 311	<input type="text" value="10"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Fort Lauderdale State FL Zip Code 33311	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="40.00"/>
	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="333.71"/>
<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) Eucline Vincent</p> <p>Mailing Address 3715 NW 194th St</p> <p>City Miami Gardens State FL Zip Code 33055-1934</p> <p>Purpose of Disbursement Per Diem</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> D342248</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Tiffany Vinson</p> <p>Mailing Address 2280 NW 66 St</p> <p>City Miami State FL Zip Code 33147</p> <p>Purpose of Disbursement Per Diem</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> D340419</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Tiffany Vinson</p> <p>Mailing Address 2280 NW 66 St</p> <p>City Miami State FL Zip Code 33147</p> <p>Purpose of Disbursement Per Diem</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> D340420</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="120.00"/></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

A.	Full Name (Last, First, Middle Initial) Visionary Studio, Inc.	Transaction ID: D340528 Date of Disbursement
	Mailing Address 6101 Jet Port Industrial Blvd	<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City Tampa State FL Zip Code 33634-5114	Amount of Each Disbursement this Period
	Purpose of Disbursement Signs/Lapel Stickers	<input type="text" value="989.75"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Voltaine Volcy	Transaction ID: D342340 Date of Disbursement
	Mailing Address 370 NW 189th Ter	<input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City Miami State FL Zip Code 33169-3955	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="80.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Voltaine Volcy	Transaction ID: D342341 Date of Disbursement
	Mailing Address 370 NW 189th Ter	<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City Miami State FL Zip Code 33169-3955	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="40.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**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) Voltaire Volcy</p> <p>Mailing Address 370 NW 189th Ter</p> <p>City Miami State FL Zip Code 33169-3955</p> <p>Purpose of Disbursement Per Diem</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> D342342</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Volusia County Supervisor of Elections</p> <p>Mailing Address 125 West New York Avenue 136 N Florida Ave</p> <p>City Deland State FL Zip Code 32720-4208</p> <p>Purpose of Disbursement Voter File</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D340176</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Byrun Walden</p> <p>Mailing Address 1017 Buchanan St</p> <p>City Hollywood State FL Zip Code 33019-1106</p> <p>Purpose of Disbursement Per Diem</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> D345166</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="120.00"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="185.00"/></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

A.	Full Name (Last, First, Middle Initial) Erika Walden	Transaction ID: D345167 Date of Disbursement 10 / 23 / 2010
	Mailing Address 5659 Flagler St	
	City Hollywood State FL Zip Code 33023-2315	Amount of Each Disbursement this Period 600.00
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Jimi Walden	Transaction ID: D345169 Date of Disbursement 10 / 23 / 2010
	Mailing Address 5659 Flagler St	
	City Hollywood State FL Zip Code 33023-2315	Amount of Each Disbursement this Period 1280.00
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Justin Walden	Transaction ID: D345172 Date of Disbursement 10 / 23 / 2010
	Mailing Address 5659 Flagler St	
	City Hollywood State FL Zip Code 33023-2315	Amount of Each Disbursement this Period 960.00
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) ..... ▶

2840.00

**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

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) Kiana Walden	Transaction ID: D345176 Date of Disbursement 10 / 23 / 2010
	Mailing Address 1017 Buchanan St	
	City Hollywood State FL Zip Code 33019-1106	Amount of Each Disbursement this Period 240.00
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Maya Walden	Transaction ID: D345177 Date of Disbursement 10 / 23 / 2010
	Mailing Address 1017 Buchanan St	
	City Hollywood State FL Zip Code 33019-1106	Amount of Each Disbursement this Period 80.00
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ashley Walker	Transaction ID: D341288 Date of Disbursement 11 / 17 / 2010
	Mailing Address 1007 N. Federal Highway #D7 1010 Seminole Dr., #1001	
	City Ft. Lauderdale State FL Zip Code 33304	Amount of Each Disbursement this Period 3387.40
	Purpose of Disbursement Admin Office Supplies Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3707.40</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)

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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) Ashley Walker	Transaction ID: D333077 Date of Disbursement 10 / 18 / 2010
	Mailing Address 1007 N. Federal Highway #D7 1010 Seminole Dr., #1001	Amount of Each Disbursement this Period 5534.17
	City Ft. Lauderdale State FL Zip Code 33304	
	Purpose of Disbursement Admin Office Supplies Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ashley Walker	Transaction ID: D338914 Date of Disbursement 10 / 26 / 2010
	Mailing Address 1007 N. Federal Highway #D7 1010 Seminole Dr., #1001	Amount of Each Disbursement this Period 4764.08
	City Ft. Lauderdale State FL Zip Code 33304	
	Purpose of Disbursement Admin Office Supplies Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Bonnie Walker	Transaction ID: D340090 Date of Disbursement 10 / 31 / 2010
	Mailing Address 3831 SW 12th Place Apt #7	Amount of Each Disbursement this Period 250.00
	City Fort Lauderdale State FL Zip Code 33312	
	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) ..... ▶

10548.25

**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) Bryan Walker	Transaction ID: D340563 Date of Disbursement 11 / 02 / 2010
	Mailing Address 421 North Monroe Street	Amount of Each Disbursement this Period 305.00
	City Quincy State FL Zip Code 32351	
	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) Bryan Walker	Transaction ID: D339270 Date of Disbursement 10 / 26 / 2010
	Mailing Address 421 North Monroe Street	Amount of Each Disbursement this Period 210.00
	City Quincy State FL Zip Code 32351	
	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) Alfonso Waller	Transaction ID: D344446 Date of Disbursement 10 / 19 / 2010
	Mailing Address 1421 NW 18th Dr.	Amount of Each Disbursement this Period 840.00
	City Margate State FL Zip Code 33069	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) ..... ▶

1355.00

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) Charlotta Waller</p> <p>Mailing Address 5402 N.W. 27th Ave.</p> <p>City Tamarac State FL Zip Code 33309</p> <p>Purpose of Disbursement Per Diem</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> D344449</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="600.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Willie Waller</p> <p>Mailing Address 1661 NW 155 St.</p> <p>City Opa Locka State FL Zip Code 33054</p> <p>Purpose of Disbursement Per Diem</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> D342339</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Sophia Walters</p> <p>Mailing Address 4120 SW 19th St Apt 4</p> <p>City West Park State FL Zip Code 33023-3440</p> <p>Purpose of Disbursement Per Diem</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> D345180</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="400.00"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="1040.00"/></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></p> <p>Full Name (Last, First, Middle Initial) Regina Ward</p> <p>Mailing Address 2091 Wilmington St</p> <p>City Opa Locka State FL Zip Code 33054-3763</p> <p>Purpose of Disbursement Per Diem</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> D341458</p> <p>Date of Disbursement 10 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Regina Ward</p> <p>Mailing Address 2091 Wilmington St</p> <p>City Opa Locka State FL Zip Code 33054-3763</p> <p>Purpose of Disbursement Per Diem</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> D341459</p> <p>Date of Disbursement 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Regina Ward</p> <p>Mailing Address 2091 Wilmington St</p> <p>City Opa Locka State FL Zip Code 33054-3763</p> <p>Purpose of Disbursement Per Diem</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> D341460</p> <p>Date of Disbursement 11 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>

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

240.00

**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) Regina Ward</p> <p>Mailing Address 2091 Wilmington St</p> <p>City Opa Locka State FL Zip Code 33054-3763</p> <p>Purpose of Disbursement Per Diem</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> D341461 <b>Date of Disbursement</b> 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Regina Ward</p> <p>Mailing Address 2091 Wilmington St</p> <p>City Opa Locka State FL Zip Code 33054-3763</p> <p>Purpose of Disbursement Per Diem</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> D341467 <b>Date of Disbursement</b> 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 20.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Eton Watson</p> <p>Mailing Address 4918 NW 51st Ave</p> <p>City Fort Lauderdale State FL Zip Code 33319</p> <p>Purpose of Disbursement Per Diem</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> D344549 <b>Date of Disbursement</b> 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 720.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>820.00</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)

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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) Alexander Weaver</p> <p>Mailing Address 5100 Washington St Apt 404</p> <p>City Hollywood State FL Zip Code 33021-7160</p> <p>Purpose of Disbursement Per Diem</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> D345186 <b>Date of Disbursement</b> 10 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 400.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Lunette Weaver</p> <p>Mailing Address 1340 N.W. 55th Ave.</p> <p>City Lauderhill State FL Zip Code 33313</p> <p>Purpose of Disbursement Per Diem</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> D344451 <b>Date of Disbursement</b> 10 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 440.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Weetompain Inc</p> <p>Mailing Address 2350 Phillips Rd 9202</p> <p>City Tallahassee State FL Zip Code 32308-5592</p> <p>Purpose of Disbursement Consulting/Communications</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> D338882 <b>Date of Disbursement</b> 10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 10000.00</p>

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

10840.00

**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) Weetompain Inc	Transaction ID: D334349 Date of Disbursement 10 / 20 / 2010
	Mailing Address 2350 Phillips Rd 9202	Amount of Each Disbursement this Period 6327.00
	City Tallahassee State FL Zip Code 32308-5592	
	Purpose of Disbursement Media Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Michael Weinstein	Transaction ID: D340113 Date of Disbursement 10 / 31 / 2010
	Mailing Address 10756 NW 21st Street	Amount of Each Disbursement this Period 187.50
	City Pompano Beach State FL Zip Code 33071	
	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) Arthur Wesley	Transaction ID: D339978 Date of Disbursement 11 / 04 / 2010
	Mailing Address 3819 Shelley Road North P.O. 9714	Amount of Each Disbursement this Period 325.00
	City West Palm Beach State FL Zip Code 33407	
	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) .....

6839.50

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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) Alexander West</p> <p>Mailing Address 20310 NE 2nd Ave apt k4</p> <p>City Miami State FL Zip Code 33179-2397</p> <p>Purpose of Disbursement Per Diem</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> D341447 <b>Date of Disbursement</b> 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Joel West</p> <p>Mailing Address 5240 SW 20th St</p> <p>City West Park State FL Zip Code 33023-3102</p> <p>Purpose of Disbursement Per Diem</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> D345188 <b>Date of Disbursement</b> 10 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 1040.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Western Union</p> <p>Mailing Address PO Box 4430</p> <p>City Bridgeton State MO Zip Code 63044-0430</p> <p>Purpose of Disbursement Canvass 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> D346272 <b>Date of Disbursement</b> 10 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 40690.00</p>

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

41770.00

**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

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) Regina Weston</p> <p>Mailing Address 9079 Barnstaple Ln</p> <p>City Jacksonville State FL Zip Code 32257</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> D339973 <b>Date of Disbursement</b> 11 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 390.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) James Wheeler</p> <p>Mailing Address 2418 Teresa Cir Apt D</p> <p>City Tampa State FL Zip Code 33629-6148</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> D339312 <b>Date of Disbursement</b> 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 439.54</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jennifer Whitcomb</p> <p>Mailing Address 710 13th Avenue South</p> <p>City Jacksonville Beach State FL Zip Code 32250</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> D339400 <b>Date of Disbursement</b> 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1099.43</p>

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

1928.97

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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) Jennifer Whitcomb</p> <p>Mailing Address 710 13th Avenue South</p> <p>City Jacksonville Beach State FL Zip Code 32250</p> <p>Purpose of Disbursement Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D338450</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="65.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Cameron White</p> <p>Mailing Address 5725 NW 101 Way</p> <p>City Pompano Beach State FL Zip Code 33073</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D340089</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="200.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jarvis White</p> <p>Mailing Address 3013 N.W. 7th Street</p> <p>City Ft. Lauderdale State FL Zip Code 33311</p> <p>Purpose of Disbursement Per Diem</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> D344452</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="480.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="745.00"/>
<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) John White</p> <p>Mailing Address 1501 NE 150th St Apt 104</p> <p>City Miami State FL Zip Code 33161-2648</p> <p>Purpose of Disbursement Per Diem</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> D345190 <b>Date of Disbursement</b> 10 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 320.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Lavonne White</p> <p>Mailing Address 1017 Buchanan St</p> <p>City Hollywood State FL Zip Code 33019-1106</p> <p>Purpose of Disbursement Per Diem</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> D345191 <b>Date of Disbursement</b> 10 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 200.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Joshua Whitehead</p> <p>Mailing Address 4440 NW 203rd Ter</p> <p>City Miami Gardens State FL Zip Code 33055-1242</p> <p>Purpose of Disbursement Per Diem</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> D345192 <b>Date of Disbursement</b> 10 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 320.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>840.00</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)

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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) Wifirent.com	Transaction ID: D334318 Date of Disbursement 10 / 20 / 2010
	Mailing Address 97 Aiken Way, Suite D	Amount of Each Disbursement this Period 504.00
	City Sacramento State CA Zip Code 95819	
	Purpose of Disbursement Admin Office Supplies	
	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) Gena Wiggins	Transaction ID: D340530 Date of Disbursement 10 / 30 / 2010
	Mailing Address 5981 NW 32 Ave	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33142	
	Purpose of Disbursement Per Diem	
	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) Gena Wiggins	Transaction ID: D340532 Date of Disbursement 10 / 31 / 2010
	Mailing Address 5981 NW 32 Ave	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33142	
	Purpose of Disbursement Per Diem	
	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) .....	<b>664.00</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 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) Gena Wiggins	Transaction ID: D340533 Date of Disbursement 11 / 01 / 2010
	Mailing Address 5981 NW 32 Ave	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33142	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Gena Wiggins	Transaction ID: D340534 Date of Disbursement 11 / 02 / 2010
	Mailing Address 5981 NW 32 Ave	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33142	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Anna Wilbur	Transaction ID: D344805 Date of Disbursement 11 / 02 / 2010
	Mailing Address 2850 Forest Hill Blvd #211	Amount of Each Disbursement this Period 600.00
	City Pompano Beach State FL Zip Code 33065	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	760.00
<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) Angela Williams</p> <p>Mailing Address 395 NW 177th St Apt 132</p> <p>City Miami State FL Zip Code 33169-4949</p> <p>Purpose of Disbursement Per Diem</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> D342338</p> <p>Date of Disbursement 10 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Arnitris Williams</p> <p>Mailing Address 2566 West Tennessee Street</p> <p>City Tallahassee State FL Zip Code 32304</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D340571</p> <p>Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 160.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Arnitris Williams</p> <p>Mailing Address 2566 West Tennessee Street</p> <p>City Tallahassee State FL Zip Code 32304</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D339278</p> <p>Date of Disbursement 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 150.00</p>

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

350.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Ashley Williams	Transaction ID: D340259 Date of Disbursement 10 / 30 / 2010
	Mailing Address 1880 NW 167th St	Amount of Each Disbursement this Period 80.00
	City Opa Locka State FL Zip Code 33054	
	Purpose of Disbursement Per Diem	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) Ashley Williams	Transaction ID: D340260 Date of Disbursement 10 / 31 / 2010
	Mailing Address 1880 NW 167th St	Amount of Each Disbursement this Period 80.00
	City Opa Locka State FL Zip Code 33054	
	Purpose of Disbursement Per Diem	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) Ashley Williams	Transaction ID: D340261 Date of Disbursement 11 / 01 / 2010
	Mailing Address 1880 NW 167th St	Amount of Each Disbursement this Period 80.00
	City Opa Locka State FL Zip Code 33054	
	Purpose of Disbursement Per Diem	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) .....	▶	240.00
<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) Ashley Williams	Transaction ID: D340262 Date of Disbursement 11 / 02 / 2010
	Mailing Address 1880 NW 167th St	Amount of Each Disbursement this Period 80.00
	City Opa Locka State FL Zip Code 33054	
	Purpose of Disbursement Per Diem	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) Delbert Williams	Transaction ID: D340612 Date of Disbursement 11 / 02 / 2010
	Mailing Address 1581 Payne Street	Amount of Each Disbursement this Period 185.00
	City Tallahassee State FL Zip Code 32303	
	Purpose of Disbursement Salary	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) Delbert Williams	Transaction ID: D339548 Date of Disbursement 10 / 30 / 2010
	Mailing Address 1581 Payne Street	Amount of Each Disbursement this Period 203.17
	City Tallahassee State FL Zip Code 32303	
	Purpose of Disbursement Salary	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) .....	▶	468.17
<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) Keynisha Williams	Transaction ID: D340567 Date of Disbursement 11 / 01 / 2010
	Mailing Address 3071 NW 68th St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33147-6728	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Keynisha Williams	Transaction ID: D340568 Date of Disbursement 11 / 02 / 2010
	Mailing Address 3071 NW 68th St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33147-6728	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Robert Williams	Transaction ID: D342251 Date of Disbursement 10 / 30 / 2010
	Mailing Address 395 NW 177th St	Amount of Each Disbursement this Period 80.00
	City Miami State FL Zip Code 33169-4947	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) .....	240.00
<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) Robert Williams</p> <p>Mailing Address 395 NW 177th St</p> <p>City Miami State FL Zip Code 33169-4947</p> <p>Purpose of Disbursement Per Diem</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> D342252 <b>Date of Disbursement</b> 10 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Robert Williams</p> <p>Mailing Address 395 NW 177th St</p> <p>City Miami State FL Zip Code 33169-4947</p> <p>Purpose of Disbursement Per Diem</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> D342253 <b>Date of Disbursement</b> 11 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Robert Williams</p> <p>Mailing Address 395 NW 177th St</p> <p>City Miami State FL Zip Code 33169-4947</p> <p>Purpose of Disbursement Per Diem</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> D342254 <b>Date of Disbursement</b> 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>

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

240.00

**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) Robert Williams	Transaction ID: D340610 Date of Disbursement 11 / 02 / 2010
	Mailing Address 3612 S. Lakewood Drive	Amount of Each Disbursement this Period 280.00
	City Tallahassee State FL Zip Code 32305	
	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) Robert Williams	Transaction ID: D339553 Date of Disbursement 10 / 30 / 2010
	Mailing Address 3612 S. Lakewood Drive	Amount of Each Disbursement this Period 263.20
	City Tallahassee State FL Zip Code 32305	
	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) Terrell Williams	Transaction ID: D339919 Date of Disbursement 11 / 03 / 2010
	Mailing Address 2947 Ribault Circle	Amount of Each Disbursement this Period 455.00
	City Jacksonville State FL Zip Code 32208	
	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) .....	998.20
<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) Timmie Williams <hr/> Mailing Address 12475 NW 16th Ave <hr/> City Miami State FL Zip Code 33167-2358 <hr/> Purpose of Disbursement Per Diem 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: D340198 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 40.00
	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) Curtis Wilson <hr/> Mailing Address 2500 NW 56 Ter Apt H <hr/> City Dubuque State IA Zip Code 52004 <hr/> Purpose of Disbursement Per Diem 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: D342337 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 40.00
	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) Dontavious Wilson <hr/> Mailing Address 1001 Oseloa Road <hr/> City Tallahassee State FL Zip Code 32307 <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: D339560 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 230.87
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**310.87**

**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

<b>A.</b> Full Name (Last, First, Middle Initial) Dontavious Wilson <hr/> Mailing Address 1001 Osceola Road <hr/> City Tallahassee State FL Zip Code 32307 <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: D340586 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 260.00
<b>B.</b> Full Name (Last, First, Middle Initial) Gordon Wilson <hr/> Mailing Address 802 Wildwood Circle <hr/> City Port Orange State FL Zip Code 32127 <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: D341263 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 821.02
<b>C.</b> Full Name (Last, First, Middle Initial) Gordon Wilson <hr/> Mailing Address 802 Wildwood Circle <hr/> City Port Orange State FL Zip Code 32127 <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: D339517 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 821.02

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

1902.04

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

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

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

FOR LINE NUMBER:  
(check only one)

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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) Matthew Wilson	Transaction ID: D339487 Date of Disbursement 10 / 30 / 2010
	Mailing Address 5760 Braveheart Way	Amount of Each Disbursement this Period 821.02
	City Tallahassee State FL Zip Code 32317	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Michael M. Wilson	Transaction ID: D333725 Date of Disbursement 10 / 15 / 2010
	Mailing Address 4739 Langdale Dr	Amount of Each Disbursement this Period 402.00
	City Orlando State FL Zip Code 32808-2081	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Michael M. Wilson	Transaction ID: D333726 Date of Disbursement 10 / 15 / 2010
	Mailing Address 4739 Langdale Dr	Amount of Each Disbursement this Period 198.00
	City Orlando State FL Zip Code 32808-2081	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) ..... ▶

1421.02

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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) Michael M. Wilson	Transaction ID: D339525 Date of Disbursement 10 / 30 / 2010
	Mailing Address 4739 Langdale Dr	Amount of Each Disbursement this Period 766.87
	City Orlando State FL Zip Code 32808-2081	
	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) Otis Winkfield	Transaction ID: D345193 Date of Disbursement 10 / 31 / 2010
	Mailing Address 1017 Buchanan St	Amount of Each Disbursement this Period 40.00
	City Hollywood State FL Zip Code 33019-1106	
	Purpose of Disbursement Per Diem Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Kiara Wright	Transaction ID: D340606 Date of Disbursement 11 / 02 / 2010
	Mailing Address 410 Victory Garden, Apt 75	Amount of Each Disbursement this Period 270.00
	City Tallahassee State FL Zip Code 32303	
	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) .....

1076.87

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) Kiara Wright	Transaction ID: D339552 Date of Disbursement 10 / 30 / 2010
	Mailing Address 410 Victory Garden, Apt 75	Amount of Each Disbursement this Period 263.20
	City Tallahassee State FL Zip Code 32303	
	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) Ferdarryl Zanders	Transaction ID: D339563 Date of Disbursement 10 / 30 / 2010
	Mailing Address 1850 Meriadoc Court	Amount of Each Disbursement this Period 36.94
	City Tallahassee State FL Zip Code 32303	
	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) AT&T Mobility	Transaction ID: D331404 Date of Disbursement 10 / 14 / 2010
	Mailing Address PO Box 538695	Amount of Each Disbursement this Period 120.00
	City Atlanta State GA Zip Code 30353-8695	
	Purpose of Disbursement Admin Cell Phone Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

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

300.14

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) Christopher Lazo	Transaction ID: D332465 Date of Disbursement 10 / 14 / 2010
	Mailing Address 472 W. Jefferson St. Apt 318	Amount of Each Disbursement this Period 791.89
	City Tallahassee State FL Zip Code 32301	
	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) La Quinta Corporate	Transaction ID: D332469 Date of Disbursement 10 / 14 / 2010
	Mailing Address 909 Hidden Ridge, Suite 600	Amount of Each Disbursement this Period 155.35
	City Irving State TX Zip Code 75038	
	Purpose of Disbursement Travel/Lodging Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Christopher Lazo	Transaction ID: D332466 Date of Disbursement 10 / 14 / 2010
	Mailing Address 472 W. Jefferson St. Apt 318	Amount of Each Disbursement this Period 597.65
	City Tallahassee State FL Zip Code 32301	
	Purpose of Disbursement Auto Travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	791.89
<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) Panera Bread	Transaction ID: D332467
	Mailing Address 6710 Clayton Rd	Date of Disbursement 10 / 14 / 2010
	City Richmond Heights State MO Zip Code 63117-1604	Amount of Each Disbursement this Period 38.89
	Purpose of Disbursement Lunch Meeting	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Mitch Emerson	Transaction ID: D334439
	Mailing Address 5308 Glasgow Ave	Date of Disbursement 10 / 18 / 2010
	City Orlando State FL Zip Code 32819	Amount of Each Disbursement this Period 134.57
	Purpose of Disbursement Reimbursement	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Subway - Corporate	Transaction ID: D334440
	Mailing Address 325 Bic Drive	Date of Disbursement 10 / 18 / 2010
	City Milford State CT Zip Code 06461	Amount of Each Disbursement this Period 134.57
	Purpose of Disbursement Lunch Meeting	[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) .....	▶	134.57
<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) Daniel Krassner	Transaction ID: D334441 Date of Disbursement																			
	Mailing Address 715 N. Calhoun Street, #4	<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>0</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	8		2	0	1	0												
	City Tallahassee State FL Zip Code 32303	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Reimbursement	<table border="1"><tr><td>270.27</td></tr></table>	270.27																		
270.27																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input 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) Daniel Krassner	Transaction ID: D334442 Date of Disbursement																			
	Mailing Address 715 N. Calhoun Street, #4	<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>0</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	8		2	0	1	0												
	City Tallahassee State FL Zip Code 32303	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Auto Travel	<table border="1"><tr><td>170.27</td></tr></table>	170.27																		
170.27																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input 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) Sprint	Transaction ID: D334443 Date of Disbursement																			
	Mailing Address 6450 Sprint Parkway	<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>0</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	8		2	0	1	0												
	City Overland Park State KS Zip Code 66251	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Admin Cell Phone	<table border="1"><tr><td>100.00</td></tr></table>	100.00																		
100.00																					
	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) ▼																			

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>270.27</td></tr></table>	270.27
270.27		
<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) Jeffrey E Branch	Transaction ID: D334444 Date of Disbursement 10 / 18 / 2010
	Mailing Address 3700 Capital Circle SE Apt 520	Amount of Each Disbursement this Period 68.31
	City Tallahassee State FL Zip Code 32311	
	Purpose of Disbursement Reimbursement	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) Jeffrey E Branch	Transaction ID: D334445 Date of Disbursement 10 / 18 / 2010
	Mailing Address 3700 Capital Circle SE Apt 520	Amount of Each Disbursement this Period 68.31
	City Tallahassee State FL Zip Code 32311	
	Purpose of Disbursement Auto Travel	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Matthew Wilson	Transaction ID: D338430 Date of Disbursement 10 / 19 / 2010
	Mailing Address 5760 Braveheart Way	Amount of Each Disbursement this Period 288.63
	City Tallahassee State FL Zip Code 32317	
	Purpose of Disbursement Reimbursement	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>356.94</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)

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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) Matthew Wilson	Transaction ID: D338431 Date of Disbursement 10 / 19 / 2010
	Mailing Address 5760 Braveheart Way	Amount of Each Disbursement this Period 288.63
	City Tallahassee State FL Zip Code 32317	
	Purpose of Disbursement Auto Travel	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Edgar Martinez	Transaction ID: D338726 Date of Disbursement 10 / 18 / 2010
	Mailing Address 2772 SW 137th Ave	Amount of Each Disbursement this Period 218.04
	City Miami State FL Zip Code 33175-6638	
	Purpose of Disbursement Reimbursement	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) BP American Headquarters	Transaction ID: D338727 Date of Disbursement 10 / 18 / 2010
	Mailing Address 501 WestLake Park Blvd	Amount of Each Disbursement this Period 218.04
	City Houston State TX Zip Code 77079-2604	
	Purpose of Disbursement Auto Travel	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	218.04
<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)  
Justin Shoham

Mailing Address 28 Lark PI

City Old Bridge State NJ Zip Code 08857-3062

Purpose of Disbursement Reimbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** D338728  
**Date of Disbursement:** 10 / 18 / 2010

Amount of Each Disbursement this Period: 346.04

Category/Type

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

Mailing Address P.O. Box 2463

City Houston State TX Zip Code 77252

Purpose of Disbursement Auto Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** D338729  
**Date of Disbursement:** 10 / 18 / 2010

Amount of Each Disbursement this Period: 346.04

Category/Type

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
Emily McIlveene

Mailing Address 2772 SW 137th Ave

City Miami State FL Zip Code 33175-6638

Purpose of Disbursement Reimbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** D338730  
**Date of Disbursement:** 10 / 18 / 2010

Amount of Each Disbursement this Period: 361.06

Category/Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 707.10

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

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

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

FOR LINE NUMBER: (check only one)

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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) Shell Gas - Corporate Mailing Address P.O. Box 2463 City Houston State TX Zip Code 77252 Purpose of Disbursement Auto Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D338732 Date of Disbursement 10 / 18 / 2010
	Amount of Each Disbursement this Period 261.06 [MEMO ITEM]

<b>B.</b> Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address P.O. Box 660108 City Dallas State TX Zip Code 75266 Purpose of Disbursement Admin Cell Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D338731 Date of Disbursement 10 / 18 / 2010
	Amount of Each Disbursement this Period 100.00 [MEMO ITEM]

<b>C.</b> Full Name (Last, First, Middle Initial) Denise Rodriguez Mailing Address 12514 Wandering Brook Dr City Charlotte State NC Zip Code 28273-6974 Purpose of Disbursement Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D338733 Date of Disbursement 10 / 18 / 2010
	Amount of Each Disbursement this Period 366.69

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

366.69

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

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

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

FOR LINE NUMBER: (check only one)

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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) BP American Headquarters	Transaction ID: D338734 Date of Disbursement																			
	Mailing Address 501 WestLake Park Blvd	<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>0</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	8		2	0	1	0												
	City Houston State TX Zip Code 77079-2604	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Auto Travel	<table border="1"><tr><td>366.69</td></tr></table>	366.69																		
366.69																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]																			
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																				

B.	Full Name (Last, First, Middle Initial) Gaston Araoz	Transaction ID: D338735 Date of Disbursement																			
	Mailing Address 1505 Crystal Dr Apt 504	<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>0</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	8		2	0	1	0												
	City Arlington State VA Zip Code 22202-4117	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Reimbursement	<table border="1"><tr><td>108.10</td></tr></table>	108.10																		
108.10																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]																			
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																				

C.	Full Name (Last, First, Middle Initial) Shell Gas - Corporate	Transaction ID: D338737 Date of Disbursement																			
	Mailing Address P.O. Box 2463	<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>0</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	8		2	0	1	0												
	City Houston State TX Zip Code 77252	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Auto Travel	<table border="1"><tr><td>37.10</td></tr></table>	37.10																		
37.10																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]																			
	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>108.10</td></tr></table>	108.10
108.10		
<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)

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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) Sprint Nextel Corporation	Transaction ID: D338736 Date of Disbursement 10 / 18 / 2010
	Mailing Address PO Box 63670	
	City Phoenix State AZ Zip Code 85082	Amount of Each Disbursement this Period 71.00
	Purpose of Disbursement Admin Cell Phone Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Maria Quezada	Transaction ID: D338738 Date of Disbursement 10 / 18 / 2010
	Mailing Address 322 E Mayfield Blvd	
	City San Antonio State TX Zip Code 78214-2448	Amount of Each Disbursement this Period 247.38
	Purpose of Disbursement Reimbursement Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: D338740 Date of Disbursement 10 / 18 / 2010
	Mailing Address PO Box 105262	
	City Atlanta State GA Zip Code 30348-5262	Amount of Each Disbursement this Period 100.00
	Purpose of Disbursement Admin Cell Phone Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	247.38
<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) BP American Headquarters	Transaction ID: D338742 Date of Disbursement
	Mailing Address 501 WestLake Park Blvd	<input type="text" value="10"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Houston State TX Zip Code 77079-2604	Amount of Each Disbursement this Period
	Purpose of Disbursement Auto Travel	<input type="text" value="147.38"/>
	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) Lucas P Barks	Transaction ID: D338756 Date of Disbursement
	Mailing Address 71 Gray Road	<input type="text" value="10"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Gorham State ME Zip Code 04038	Amount of Each Disbursement this Period
	Purpose of Disbursement Reimbursement	<input type="text" value="351.40"/>
	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) Shell Gas - Corporate	Transaction ID: D338758 Date of Disbursement
	Mailing Address P.O. Box 2463	<input type="text" value="10"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Houston State TX Zip Code 77252	Amount of Each Disbursement this Period
	Purpose of Disbursement Auto Travel	<input type="text" value="251.40"/>
	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="351.40"/>
<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

<b>A.</b> Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address P.O. Box 660108 City Dallas State TX Zip Code 75266 Purpose of Disbursement Admin Cell Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: D338757 Date of Disbursement 10 / 18 / 2010
	Amount of Each Disbursement this Period 100.00 [MEMO ITEM]

<b>B.</b> Full Name (Last, First, Middle Initial) Hector Martinez Mailing Address 11100 SW 46th St City Miami State FL Zip Code 33165-4735 Purpose of Disbursement Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: D338759 Date of Disbursement 10 / 18 / 2010
	Amount of Each Disbursement this Period 304.50

<b>C.</b> Full Name (Last, First, Middle Initial) AT&T Mailing Address PO Box 105262 City Atlanta State GA Zip Code 30348-5262 Purpose of Disbursement Admin Cell Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: D338760 Date of Disbursement 10 / 18 / 2010
	Amount of Each Disbursement this Period 100.00 [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	304.50
<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) Shell Gas - Corporate</p> <p>Mailing Address P.O. Box 2463</p> <p>City Houston State TX Zip Code 77252</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D338761</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="204.50"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Tarin Nix</p> <p>Mailing Address 11121 N Kendall Dr Apt A104</p> <p>City Miami State FL Zip Code 33176-0905</p> <p>Purpose of Disbursement Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D338765</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="886.31"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) AT&amp;T</p> <p>Mailing Address PO Box 105262</p> <p>City Atlanta State GA Zip Code 30348-5262</p> <p>Purpose of Disbursement Admin Cell Phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D338770</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p> <p><b>[MEMO ITEM]</b></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></p> <p>Full Name (Last, First, Middle Initial) BP American Headquarters</p> <p>Mailing Address 501 WestLake Park Blvd</p> <p>City Houston State TX Zip Code 77079-2604</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D338771</p> <p>Date of Disbursement 10 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 384.20</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) The Pit</p> <p>Mailing Address 16400 SW 8th St</p> <p>City Miami State FL Zip Code 33194-2703</p> <p>Purpose of Disbursement Dinner Meeting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D338768</p> <p>Date of Disbursement 10 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 402.11</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Riko Russell</p> <p>Mailing Address 221 SE 6th Ave, Apt 208</p> <p>City Homestead State FL Zip Code 33030</p> <p>Purpose of Disbursement Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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> D338774</p> <p>Date of Disbursement 10 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 16.05</p>

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

16.05

**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 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) Chevron One Stop Mailing Address 300 N. Washington City Sarasota State FL Zip Code 34236 Purpose of Disbursement Auto Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: D338776 Date of Disbursement 10 / 18 / 2010
	Amount of Each Disbursement this Period 16.05 [MEMO ITEM]

<b>B.</b> Full Name (Last, First, Middle Initial) Ricardo Junquera Mailing Address 10041 SW 48th St City Miami State FL Zip Code 33165-6379 Purpose of Disbursement Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: D338777 Date of Disbursement 10 / 18 / 2010
	Amount of Each Disbursement this Period 279.00

<b>C.</b> Full Name (Last, First, Middle Initial) BP American Headquarters Mailing Address 501 WestLake Park Blvd City Houston State TX Zip Code 77079-2604 Purpose of Disbursement Auto Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: D338779 Date of Disbursement 10 / 18 / 2010
	Amount of Each Disbursement this Period 179.00 [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	279.00
<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) Sprint Local Division	Transaction ID: D338778 Date of Disbursement 10 / 18 / 2010
	Mailing Address PO Box 530581	Amount of Each Disbursement this Period 100.00
	City Atlanta State GA Zip Code 30353-0581	
	Purpose of Disbursement Admin Cell Phone Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Alexandra Fetissof	Transaction ID: D338781 Date of Disbursement 10 / 25 / 2010
	Mailing Address 4901 Andros Ave	Amount of Each Disbursement this Period 518.47
	City Tampa State FL Zip Code 33605	
	Purpose of Disbursement Cost of Campaign Staff/Sink/Governor/N Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) American Airlines	Transaction ID: D338787 Date of Disbursement 10 / 25 / 2010
	Mailing Address PO Box 250550 MD 755	Amount of Each Disbursement this Period 201.17
	City Tulsa State OK Zip Code 74158	
	Purpose of Disbursement Air Travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	518.47
<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) Comfort Inn Corporate</p> <p>Mailing Address 10750 Columbia Pike</p> <p>City Silver Spring State MD Zip Code 20901-4402</p> <p>Purpose of Disbursement Travel/Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D338784 <b>Date of Disbursement</b> 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 317.30</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Andrea D Huerfano</p> <p>Mailing Address 2949 Riverside Drivr, Apt 227</p> <p>City Pompano Beach State FL Zip Code 33065</p> <p>Purpose of Disbursement Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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> D338783 <b>Date of Disbursement</b> 10 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 281.15</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Shell Gas - Corporate</p> <p>Mailing Address P.O. Box 2463</p> <p>City Houston State TX Zip Code 77252</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D338786 <b>Date of Disbursement</b> 10 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 281.15</p> <p><b>[MEMO ITEM]</b></p>

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

281.15

**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) Sabrina Diz	Transaction ID: D338788 Date of Disbursement 10 / 18 / 2010
	Mailing Address 7180 Park St	Amount of Each Disbursement this Period 369.79
	City Hollywood State FL Zip Code 33024-3838	
	Purpose of Disbursement Reimbursement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Chevron One Stop	Transaction ID: D338791 Date of Disbursement 10 / 18 / 2010
	Mailing Address 300 N. Washington	Amount of Each Disbursement this Period 269.79
	City Sarasota State FL Zip Code 34236	
	Purpose of Disbursement Auto Travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Sprint Local Division	Transaction ID: D338790 Date of Disbursement 10 / 18 / 2010
	Mailing Address PO Box 530581	Amount of Each Disbursement this Period 100.00
	City Atlanta State GA Zip Code 30353-0581	
	Purpose of Disbursement Admin Cell Phone Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

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

369.79

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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) Camille Cypran</p> <p>Mailing Address 535 Sandhurst Drive, West #208</p> <p>City Saint Paul State MN Zip Code 55113</p> <p>Purpose of Disbursement Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D338906</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="39.20"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Hampton Inn Corporate</p> <p>Mailing Address 9336 Civic Center Drive</p> <p>City Beverly Hills State CA Zip Code 90210</p> <p>Purpose of Disbursement Travel/Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D338907</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="39.20"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Aaron Carter</p> <p>Mailing Address 1300 SE 1st Street, Apt 14</p> <p>City Fort Lauderdale State FL Zip Code 33313</p> <p>Purpose of Disbursement Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D338910</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="118.91"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="158.11"/>
<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

<b>A.</b> Full Name (Last, First, Middle Initial) Target-Corporate Mailing Address 1000 Nicollet Mall City Minneapolis State MN Zip Code 55403-2542 Purpose of Disbursement Admin Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D338911 Date of Disbursement 10 / 27 / 2010
	Amount of Each Disbursement this Period 118.91 [MEMO ITEM]

<b>B.</b> Full Name (Last, First, Middle Initial) Joseph Szerejko Mailing Address 15 Thicket Lane City West Hartford State CT Zip Code 06107 Purpose of Disbursement Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D338912 Date of Disbursement 10 / 27 / 2010
	Amount of Each Disbursement this Period 144.82

<b>C.</b> Full Name (Last, First, Middle Initial) Staples Office Supplies Mailing Address 500 Staples Drive City Framingham State MA Zip Code 01702 Purpose of Disbursement Admin Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D338913 Date of Disbursement 10 / 27 / 2010
	Amount of Each Disbursement this Period 144.82 [MEMO ITEM]

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

144.82

**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

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) Ashley Ball	Transaction ID: D338915 Date of Disbursement 10 / 25 / 2010
	Mailing Address 822 E 15th Ave	Amount of Each Disbursement this Period 932.41
	City New Smyrna Beach State FL Zip Code 32169-3404	
	Purpose of Disbursement Reimbursement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ashley Ball	Transaction ID: D338916 Date of Disbursement 10 / 25 / 2010
	Mailing Address 822 E 15th Ave	Amount of Each Disbursement this Period 932.41
	City New Smyrna Beach State FL Zip Code 32169-3404	
	Purpose of Disbursement Auto Travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Megan Simpson	Transaction ID: D338923 Date of Disbursement 10 / 27 / 2010
	Mailing Address 10752 Deerwood Park South Blvd	Amount of Each Disbursement this Period 375.51
	City Jacksonville State FL Zip Code 32256	
	Purpose of Disbursement Reimbursement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1307.92
<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) Hotwire.com Online Travel	Transaction ID: D338924 Date of Disbursement 10 / 27 / 2010
	Mailing Address 333 Market St., Ste.100	
	City San Francisco State CA Zip Code 94105	Amount of Each Disbursement this Period 375.51
	Purpose of Disbursement Auto Travel Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) David Browne	Transaction ID: D338925 Date of Disbursement 10 / 27 / 2010
	Mailing Address 417 S. Paloma Place	
	City Tampa State FL Zip Code 33609	Amount of Each Disbursement this Period 800.33
	Purpose of Disbursement Reimbursement Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Toll Free Forwarding	Transaction ID: D338926 Date of Disbursement 10 / 27 / 2010
	Mailing Address 5959 W. Century Blvd. 11th Floor	
	City Los Angeles State CA Zip Code 90045	Amount of Each Disbursement this Period 800.33
	Purpose of Disbursement Telephone Calls 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) .....	800.33
<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) John Estes	Transaction ID: D338927 Date of Disbursement 10 / 18 / 2010
	Mailing Address 9884 SW 26th Ter	
	City Miami State FL Zip Code 33165-2627	Amount of Each Disbursement this Period 176.10
	Purpose of Disbursement Reimbursement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Exxon Mobile	Transaction ID: D338928 Date of Disbursement 10 / 18 / 2010
	Mailing Address 5959 Las Colinas Blvd	
	City Irving State TX Zip Code 75039-4202	Amount of Each Disbursement this Period 176.10
	Purpose of Disbursement Auto Travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Kevin Chambliss	Transaction ID: D338931 Date of Disbursement 10 / 18 / 2010
	Mailing Address 746 N Annie Glidden Rd Apt 404	
	City Dekalb State IL Zip Code 60115-2130	Amount of Each Disbursement this Period 303.84
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	479.94
<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) Shell Gas - Corporate	Transaction ID: D338934
	Mailing Address P.O. Box 2463	Date of Disbursement 10 / 18 / 2010
	City Houston State TX Zip Code 77252	Amount of Each Disbursement this Period 203.84
	Purpose of Disbursement Auto Travel	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Virigin Mobile	Transaction ID: D338936
	Mailing Address 1496 Apalachee Pkwy	Date of Disbursement 10 / 18 / 2010
	City Tallahassee State FL Zip Code 32303	Amount of Each Disbursement this Period 100.00
	Purpose of Disbursement Admin Cell Phone	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Tamika McGhee	Transaction ID: D338939
	Mailing Address 840 NW 10th Street	Date of Disbursement 10 / 18 / 2010
	City Homestead State FL Zip Code 33034	Amount of Each Disbursement this Period 93.00
	Purpose of Disbursement Reimbursement	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

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

93.00

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) BP	Transaction ID: D338943 Date of Disbursement 10 / 18 / 2010
	Mailing Address 2547 Sheridan St	Amount of Each Disbursement this Period 93.00
	City Hollywood State FL Zip Code 33020-2044	
	Purpose of Disbursement Auto Travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Christopher Turner	Transaction ID: D338944 Date of Disbursement 10 / 25 / 2010
	Mailing Address 2500 Merchants Row Blvd Apt 64	Amount of Each Disbursement this Period 117.60
	City Tallahassee State FL Zip Code 32311-3658	
	Purpose of Disbursement Reimbursement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kangaroo Gas Station	Transaction ID: D338945 Date of Disbursement 10 / 25 / 2010
	Mailing Address 4301 SW 43rd Street	Amount of Each Disbursement this Period 117.60
	City Gainesville State FL Zip Code 32608	
	Purpose of Disbursement Auto Travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	117.60
<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) Matthew Wilson</p> <p>Mailing Address 5760 Braveheart Way</p> <p>City Tallahassee State FL Zip Code 32317</p> <p>Purpose of Disbursement Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D338946</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="251.66"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Matthew Wilson</p> <p>Mailing Address 5760 Braveheart Way</p> <p>City Tallahassee State FL Zip Code 32317</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D338947</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="251.66"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jeffrey E Branch</p> <p>Mailing Address 3700 Capital Circle SE Apt 520</p> <p>City Tallahassee State FL Zip Code 32311</p> <p>Purpose of Disbursement Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D338948</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="137.48"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="389.14"/>
<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) Sunpass	Transaction ID: D338949 Date of Disbursement 10 / 25 / 2010
	Mailing Address 605 Suwannee St.	Amount of Each Disbursement this Period 137.48
	City Tallahassee State FL Zip Code 32399	
	Purpose of Disbursement Auto Travel	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Jennifer Sokol	Transaction ID: D338950 Date of Disbursement 10 / 26 / 2010
	Mailing Address 501 S. Moody Ave #1129C	Amount of Each Disbursement this Period 25.11
	City Tampa State FL Zip Code 33609	
	Purpose of Disbursement Reimbursement	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: D338951 Date of Disbursement 10 / 26 / 2010
	Mailing Address 1980 Nonconnah Blvd Attn Rick Rogers	Amount of Each Disbursement this Period 25.11
	City Memphis State TN Zip Code 38132-2103	
	Purpose of Disbursement Admin Shipping	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	25.11
<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) Jessica Barrett</p> <p>Mailing Address 217 Palm Ave, Apt B</p> <p>City Auburndale State FL Zip Code 32823</p> <p>Purpose of Disbursement Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D338952</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="49.46"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Hungry Howie's</p> <p>Mailing Address 2020 W. Pensacola St.</p> <p>City Tallahassee State FL Zip Code 32304</p> <p>Purpose of Disbursement Lunch Meeting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D338953</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="49.46"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Craig Borkon</p> <p>Mailing Address 8571 Brody Way ---</p> <p>City Boca Raton State FL Zip Code 33433</p> <p>Purpose of Disbursement Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D338954</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="112.91"/></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) Office Depot-Corporate</p> <p>Mailing Address PO Box 633211</p> <p>City Cincinnati State OH Zip Code 45263-3211</p> <p>Purpose of Disbursement Admin Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D338955</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="112.91"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Connor Davis</p> <p>Mailing Address 316 8th St. South Ste. 701</p> <p>City St. Petersburg State FL Zip Code 33701</p> <p>Purpose of Disbursement Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D338956</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="56.65"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) UPS</p> <p>Mailing Address PO Box 7247-0244</p> <p>City Philadelphia State PA Zip Code 19170-0001</p> <p>Purpose of Disbursement Admin Shipping</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> D338957</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="56.65"/></p> <p><b>[MEMO ITEM]</b></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="56.65"/>
<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Nicholas Pellito</p> <p>Mailing Address 445 Appleyard Drive #A2-5</p> <p>City Tallahassee State FL Zip Code 32304</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> D338958</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="188.86"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Burger King Corporation</p> <p>Mailing Address PO Box 020783</p> <p>City Miami State FL Zip Code 33102-0783</p> <p>Purpose of Disbursement Lunch Meeting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> D338960</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="7.93"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Nicholas Pellito</p> <p>Mailing Address 445 Appleyard Drive #A2-5</p> <p>City Tallahassee State FL Zip Code 32304</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D338959</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="180.93"/></p> <p><b>[MEMO ITEM]</b></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="188.86"/>
<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></p> <p>Full Name (Last, First, Middle Initial) Matthew Wilson</p> <p>Mailing Address 5760 Braveheart Way</p> <p>City Tallahassee State FL Zip Code 32317</p> <p>Purpose of Disbursement Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D340186</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="495.34"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Matthew Wilson</p> <p>Mailing Address 5760 Braveheart Way</p> <p>City Tallahassee State FL Zip Code 32317</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D340187</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="495.34"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Christopher Turner</p> <p>Mailing Address 2500 Merchants Row Blvd Apt 64</p> <p>City Tallahassee State FL Zip Code 32311-3658</p> <p>Purpose of Disbursement Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D340520</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="110.00"/></p>

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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) Verizon Wireless Mailing Address P.O. Box 660108 City Dallas State TX Zip Code 75266 Purpose of Disbursement Admin Cell Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D340521 Date of Disbursement 11 / 09 / 2010
	Amount of Each Disbursement this Period 110.00 [MEMO ITEM]

<b>B.</b> Full Name (Last, First, Middle Initial) Mildred O. Smith Mailing Address 3550 Esplanade Way, #8107 City Tallahassee State FL Zip Code 32811 Purpose of Disbursement Staff Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D340524 Date of Disbursement 11 / 09 / 2010
	Amount of Each Disbursement this Period 684.83 [MEMO ITEM]

<b>C.</b> Full Name (Last, First, Middle Initial) Florida's Turnpike Mailing Address Turnpike Mile Post 263 Bldg. 5315 City Ocoee State FL Zip Code 34761 Purpose of Disbursement Auto Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D340525 Date of Disbursement 11 / 09 / 2010
	Amount of Each Disbursement this Period 27.70 [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	684.83
<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) Shell Gas - Corporate</p> <p>Mailing Address P.O. Box 2463</p> <p>City Houston State TX Zip Code 77252</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D340526 <b>Date of Disbursement</b> 11 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 445.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) U.S. Postal Service - Miami</p> <p>Mailing Address 2200 NW 72nd Ave</p> <p>City Miami State FL Zip Code 33152-9000</p> <p>Purpose of Disbursement Admin 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> D340527 <b>Date of Disbursement</b> 11 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 212.13</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Matthew Wilson</p> <p>Mailing Address 5760 Braveheart Way</p> <p>City Tallahassee State FL Zip Code 32317</p> <p>Purpose of Disbursement Staff Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D341234 <b>Date of Disbursement</b> 11 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 133.28</p>

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

133.28

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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) Matthew Wilson	Transaction ID: D341235 Date of Disbursement 11 / 03 / 2010
	Mailing Address 5760 Braveheart Way	Amount of Each Disbursement this Period 133.28
	City Tallahassee State FL Zip Code 32317	
	Purpose of Disbursement Auto Travel	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Mitch Emerson	Transaction ID: D341272 Date of Disbursement 11 / 17 / 2010
	Mailing Address 5308 Glasgow Ave	Amount of Each Disbursement this Period 400.00
	City Orlando State FL Zip Code 32819	
	Purpose of Disbursement Reimbursement	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Staples Office Supplies	Transaction ID: D341273 Date of Disbursement 11 / 17 / 2010
	Mailing Address 500 Staples Drive	Amount of Each Disbursement this Period 400.00
	City Framingham State MA Zip Code 01702	
	Purpose of Disbursement Admin Office Supplies	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 400.00

**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) John Bivona	Transaction ID: D341274 Date of Disbursement 11 / 17 / 2010
	Mailing Address 2561 Red Hibiscus Blvd. #202	Amount of Each Disbursement this Period 205.60
	City Delray Beach State FL Zip Code 33445	
	Purpose of Disbursement Reimbursement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Southwest Airlines	Transaction ID: D341275 Date of Disbursement 11 / 17 / 2010
	Mailing Address 2425 Wyman St	Amount of Each Disbursement this Period 205.60
	City Dallas State TX Zip Code 75235-2501	
	Purpose of Disbursement Air Travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Subway - Corporate	Transaction ID: D345175 Date of Disbursement 11 / 03 / 2010
	Mailing Address 325 Bic Drive	Amount of Each Disbursement this Period 220.62
	City Milford State CT Zip Code 06461	
	Purpose of Disbursement Dinner Meeting Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

205.60

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

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

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

FOR LINE NUMBER: (check only one)

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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) David Browne</p> <p>Mailing Address 417 S. Paloma Place</p> <p>City Tampa State FL Zip Code 33609</p> <p>Purpose of Disbursement Staff Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D345178 <b>Date of Disbursement</b> 11 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 94.13</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Toll Free Forwarding</p> <p>Mailing Address 5959 W. Century Blvd. 11th Floor</p> <p>City Los Angeles State CA Zip Code 90045</p> <p>Purpose of Disbursement Telephone Calls</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> D345179 <b>Date of Disbursement</b> 11 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 94.13</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jacob Smith</p> <p>Mailing Address 2121 Intracoastal Drive</p> <p>City Fort Lauderdale State FL Zip Code 33305</p> <p>Purpose of Disbursement Staff Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D345181 <b>Date of Disbursement</b> 11 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 334.08</p>

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

428.21

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

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

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

FOR LINE NUMBER: (check only one)

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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) Little Ceasars Pizza	Transaction ID: D345182 Date of Disbursement 11 / 17 / 2010
	Mailing Address 2580 N Monroe St	Amount of Each Disbursement this Period 179.34
	City Tallahassee State FL Zip Code 32303	
	Purpose of Disbursement Dinner Meeting	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WalMart Stores, Inc.	Transaction ID: D345183 Date of Disbursement 11 / 17 / 2010
	Mailing Address 702 SW 8th St	Amount of Each Disbursement this Period 154.74
	City Bentonville State AR Zip Code 72716-6209	
	Purpose of Disbursement Admin Office Supplies	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Connor Davis	Transaction ID: D345184 Date of Disbursement 11 / 17 / 2010
	Mailing Address 316 8th St. South Ste. 701	Amount of Each Disbursement this Period 1141.70
	City St. Petersburg State FL Zip Code 33701	
	Purpose of Disbursement Staff Reimbursement	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1141.70

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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) UPS</p> <p>Mailing Address PO Box 7247-0244</p> <p>City Philadelphia State PA Zip Code 19170-0001</p> <p>Purpose of Disbursement Admin Shipping</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> D345185</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1141.70"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Christopher Lazo</p> <p>Mailing Address 472 W. Jefferson St. Apt 318</p> <p>City Tallahassee State FL Zip Code 32301</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> D345199</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="263.10"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Burger King Corporation</p> <p>Mailing Address PO Box 020783</p> <p>City Miami State FL Zip Code 33102-0783</p> <p>Purpose of Disbursement Dinner Meeting</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> D345202</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="17.03"/></p> <p><b>[MEMO ITEM]</b></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="263.10"/>
<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) Christopher Lazo</p> <p>Mailing Address 472 W. Jefferson St. Apt 318</p> <p>City Tallahassee State FL Zip Code 32301</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D345200</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="191.04"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ramada Inn Corporate</p> <p>Mailing Address 780 N. Avenue</p> <p>City Glendale Heights State IL Zip Code 60139</p> <p>Purpose of Disbursement Travel/Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D345203</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="55.03"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jennifer Sokol</p> <p>Mailing Address 501 S. Moody Ave #1129C</p> <p>City Tampa State FL Zip Code 33609</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> D345209</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="310.43"/></p>

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

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 711 / 761

<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) Publix Super Markets, Inc.	Transaction ID: D345210 Date of Disbursement 11 / 03 / 2010
	Mailing Address PO Box 407	Amount of Each Disbursement this Period 310.43
	City Lakeland State FL Zip Code 33802-0407	
	Purpose of Disbursement Admin Office Supplies Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Rugh Cline	Transaction ID: D345211 Date of Disbursement 11 / 03 / 2010
	Mailing Address 7720 Abbott Ave, Apt 11	Amount of Each Disbursement this Period 44.15
	City Miami Beach State FL Zip Code 33141	
	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) ▼

C.	Full Name (Last, First, Middle Initial) Fedex Kinko's	Transaction ID: D345213 Date of Disbursement 11 / 03 / 2010
	Mailing Address 2417 Ponce De Leon Blvd	Amount of Each Disbursement this Period 44.15
	City Miami State FL Zip Code 33134	
	Purpose of Disbursement Admin Shipping Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

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

44.15

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) Steven Balog</p> <p>Mailing Address 13413 Thomasville Circle</p> <p>City Tampa State FL Zip Code 33617</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><b>Transaction ID:</b> D345215</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="21.40"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Pizza Hut</p> <p>Mailing Address 14841 Dallas Pkwy</p> <p>City Dallas State TX Zip Code 75254-7558</p> <p>Purpose of Disbursement Dinner Meeting</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><b>Transaction ID:</b> D345217</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="21.40"/></p> <p><b>[MEMO ITEM]</b></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="21.40"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text" value="2320488.93"/></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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input 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) Mission Control Mailing Address 114 A Mansfield Hollow Road City Mansfield Center State CT Zip Code 06250 Purpose of Disbursement Persuasion Mail 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: D338604 Date of Disbursement 10 / 26 / 2010
	Amount of Each Disbursement this Period 41803.40
<b>B.</b> Full Name (Last, First, Middle Initial) The Baughman Company Mailing Address 1782 Union Street City San Francisco State CA Zip Code 94123 Purpose of Disbursement Persuasion Mail 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: D346229 Date of Disbursement 10 / 25 / 2010
	Amount of Each Disbursement this Period 12226.19

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

54029.59

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

54029.59

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 714 / 761	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Production Resource Group			Nature of Debt (Purpose): Audio Visual/Conference
Mailing Address 1902 Cypress Lake Dr			
City Orlando	State FL	ZIP Code 32837-8458	

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

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

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

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

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
Non Federal	M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	33079.37

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....		33079.37	Transaction ID: T484
<b>ii) Generic Voter Drive</b> .....			Transaction ID:
<b>iii) Exempt Activities</b> .....			Transaction ID:
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)			
a) _____			Transaction ID:
b) _____			Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....			
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)			
a) _____			Transaction ID:
b) _____			Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....			
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)			Transaction ID:

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	33079.37
<b>TOTAL</b> This Period (Generic Voter Drive) .....	0.00
<b>TOTAL</b> This Period (Exempt Activities) .....	0.00
<b>TOTAL</b> This Period (Direct Fundraising) .....	0.00
<b>TOTAL</b> This Period (Direct Candidate Support) .....	0.00
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	0.00
<b>TOTAL</b> This Period (Total Amount Transferred) .....	33079.37

**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> Alyssa Miller			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 900 Riggins Road #723			Allocated Activity or Event Year-To-Date 1126016.67		
City Tallahassee	State FL	Zip Code 32308	Date <input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Salary			Transaction ID: D340847		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
272.03		1023.35		1295.38

<b>B. Full Name (Last, First, Middle Initial)</b> American 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 250550 MD 755			Allocated Activity or Event Year-To-Date 1126016.67		
City Tulsa	State OK	Zip Code 74158	Date <input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Air Travel			Transaction ID: D341246		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
120.83		454.57		575.40

<b>C. Full Name (Last, First, Middle Initial)</b> American 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 250550 MD 755			Allocated Activity or Event Year-To-Date 1126016.67		
City Tulsa	State OK	Zip Code 74158	Date <input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Travel/Lodging			Transaction ID: D341248		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.72		17.77		22.49

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
397.58		1495.69		1893.27

**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> American Express Merchant 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 PO Box 53852			Allocated Activity or Event Year-To-Date 1126016.67		
City Phoenix	State AZ	Zip Code 85072-3852	Date MM / DD / YYYY 11 / 19 / 2010		
Purpose of Disbursement: Merchant Service Fee			Transaction ID: D345685		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
703.49		2646.46		3349.95

<b>B. Full Name (Last, First, Middle Initial)</b> American Express Merchant 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 PO Box 53852			Allocated Activity or Event Year-To-Date 1126016.67		
City Phoenix	State AZ	Zip Code 85072-3852	Date MM / DD / YYYY 11 / 01 / 2010		
Purpose of Disbursement: Merchant Service Fee			Transaction ID: D345693		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.35		1.30		1.65

<b>C. 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 1126016.67		
City Tallahassee	State FL	Zip Code 32301-1419	Date MM / DD / YYYY 11 / 04 / 2010		
Purpose of Disbursement: Admin Lease/Rent			Transaction ID: D339957		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
801.41		3014.84		3816.25

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1505.25		5662.60		7167.85

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

<b>A. Full Name (Last, First, Middle Initial)</b> Blue Cross and Blue Shield of Florida			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P.O. Box 2210			Allocated Activity or Event Year-To-Date 1126016.67		
City Jacksonville	State FL	Zip Code 32232-5005	Date <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Benefits			Transaction ID: D340483		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1285.46		4835.80		6121.26

<b>B. Full Name (Last, First, Middle Initial)</b> Blue State Digital, LLC			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 734 15th Street, NW, Suite 1200			Allocated Activity or Event Year-To-Date 1126016.67		
City Washington	State DC	Zip Code 20005	Date <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Admin Internet			Transaction ID: D339915		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
357.43		1344.62		1702.05

<b>C. Full Name (Last, First, Middle Initial)</b> Capital Business Center			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1851 S Monroe St			Allocated Activity or Event Year-To-Date 1126016.67		
City Tallahassee	State FL	Zip Code 32301-5527	Date <input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Admin Lease/Rent			Transaction ID: D341237		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
39.19		147.41		186.60

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1682.08		6327.83		8009.91

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

<b>A. Full Name (Last, First, Middle Initial)</b> Century Link			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P.O. Box 96064			Allocated Activity or Event Year-To-Date 1126016.67		
City Charlotte	State NC	Zip Code 28296	Date <input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Admin Telephone			Transaction ID: D341296		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
130.73		491.80		622.53

<b>B. 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 1126016.67		
City Tallahassee	State FL	Zip Code 32302	Date <input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Salary			Transaction ID: D339590		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
335.37		1429.75		1765.12

<b>C. 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 1126016.67		
City Tallahassee	State FL	Zip Code 32302	Date <input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Salary			Transaction ID: D340836		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
370.68		1394.44		1765.12

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
836.78		3315.99		4152.77

**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 1126016.67		
City Tallahassee	State FL	Zip Code 32302	Date <input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Salary			Transaction ID: D339284		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
335.37		1429.75		1765.12

<b>B. Full Name (Last, First, Middle Initial)</b> Christopher Lazo			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 472 W. Jefferson St. Apt 318			Allocated Activity or Event Year-To-Date 1126016.67		
City Tallahassee	State FL	Zip Code 32301	Date <input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Salary			Transaction ID: D339601		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
177.28		666.90		844.18

<b>C. Full Name (Last, First, Middle Initial)</b> Christopher Lazo			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 472 W. Jefferson St. Apt 318			Allocated Activity or Event Year-To-Date 1126016.67		
City Tallahassee	State FL	Zip Code 32301	Date <input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Salary			Transaction ID: D340848		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
177.28		666.90		844.18

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
689.93		2763.55		3453.48

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

<b>A. Full Name (Last, First, Middle Initial)</b> Christopher Lazo			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 472 W. Jefferson St. Apt 318			Allocated Activity or Event Year-To-Date 1126016.67		
City Tallahassee	State FL	Zip Code 32301	Date <input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Salary			Transaction ID: D339352		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
160.39		683.79		844.18

<b>B. Full Name (Last, First, Middle Initial)</b> Christopher Lazo			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 472 W. Jefferson St. Apt 318			Allocated Activity or Event Year-To-Date 1126016.67		
City Tallahassee	State FL	Zip Code 32301	Date <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Auto Travel			Transaction ID: D339956		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
54.84		206.28		261.12

<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 1126016.67		
City Tallahassee	State FL	Zip Code 32301-1262	Date <input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Admin Utilities			Transaction ID: D341298		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
475.91		1790.34		2266.25

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
691.14		2680.41		3371.55

**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> Comcast			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 105184			Allocated Activity or Event Year-To-Date 1126016.67	
City Atlanta	State GA	Zip Code 30348-5184	Date <input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>	
Purpose of Disbursement: Admin Internet			Transaction ID: D338465	
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
62.70		235.89		298.59

<b>B. Full Name (Last, First, Middle Initial)</b> DeltaCom1058			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address P.O. Box 740597			Allocated Activity or Event Year-To-Date 1126016.67	
City Atlanta	State GA	Zip Code 30374-0597	Date <input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>	
Purpose of Disbursement: Admin Telephone			Transaction ID: D333072	
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
165.67		623.24		788.91

<b>C. Full Name (Last, First, Middle Initial)</b> DeltaCom1058			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address P.O. Box 740597			Allocated Activity or Event Year-To-Date 1126016.67	
City Atlanta	State GA	Zip Code 30374-0597	Date <input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>	
Purpose of Disbursement: Admin Telephone			Transaction ID: D341116	
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
197.19		741.81		939.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
425.56		1600.94		2026.50

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

<b>A. Full Name (Last, First, Middle Initial)</b> Doris Maloy, Tax Collector			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 1835			Allocated Activity or Event Year-To-Date 1126016.67		
City Tallahassee	State FL	Zip Code 32302-1835	Date <input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Admin Taxes			Transaction ID: D341063		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
49.68		186.88		236.56

<b>B. Full Name (Last, First, Middle Initial)</b> Doubletree-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 1717 Collins Ave			Allocated Activity or Event Year-To-Date 1126016.67		
City Miami Beach	State FL	Zip Code 33139-2006	Date <input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Travel/Lodging			Transaction ID: D341247		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
40.10		150.87		190.97

<b>C. Full Name (Last, First, Middle Initial)</b> Doubletree-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 1717 Collins Ave			Allocated Activity or Event Year-To-Date 1126016.67		
City Miami Beach	State FL	Zip Code 33139-2006	Date <input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Travel/Lodging			Transaction ID: D341269		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.72		17.77		22.49

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
94.50		355.52		450.02

**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> Elavon Merchant 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 1 Concourse Pkwy NE Ste 300			Allocated Activity or Event Year-To-Date 1126016.67		
City	State	Zip Code	Date <input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>		
Atlanta	GA	30328-5346			
Purpose of Disbursement: Merchant Service Fee			Category/ Type		
Activity or Event Identifier: Administrative			Transaction ID: D345632		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.30		23.70		30.00

<b>B. Full Name (Last, First, Middle Initial)</b> Elavon Merchant 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 1 Concourse Pkwy NE Ste 300			Allocated Activity or Event Year-To-Date 1126016.67		
City	State	Zip Code	Date <input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>		
Atlanta	GA	30328-5346			
Purpose of Disbursement: Merchant Service Fee			Category/ Type		
Activity or Event Identifier: Administrative			Transaction ID: D345633		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
682.50		2567.50		3250.00

<b>C. Full Name (Last, First, Middle Initial)</b> Eric Jotkoff			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 3607 Eagle Nest Court			Allocated Activity or Event Year-To-Date 1126016.67		
City	State	Zip Code	Date <input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>		
Melbourne	FL	32904			
Purpose of Disbursement: Salary			Category/ Type		
Activity or Event Identifier: Administrative			Transaction ID: D340837		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
331.94		1248.72		1580.66

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1020.74		3839.92		4860.66

**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> Eric Jotkoff			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 3607 Eagle Nest Court			Allocated Activity or Event Year-To-Date 1126016.67		
City Melbourne	State FL	Zip Code 32904	Date <input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Salary			Transaction ID: D339591		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
331.94		1248.71		1580.65

<b>B. Full Name (Last, First, Middle Initial)</b> Eric Jotkoff			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 3607 Eagle Nest Court			Allocated Activity or Event Year-To-Date 1126016.67		
City Melbourne	State FL	Zip Code 32904	Date <input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Salary			Transaction ID: D339290		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
300.33		1280.33		1580.66

<b>C. Full Name (Last, First, Middle Initial)</b> Eric Perrott			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 704 G St NE Apt B			Allocated Activity or Event Year-To-Date 1126016.67		
City Washington	State DC	Zip Code 20002-3681	Date <input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Consulting/IT			Transaction ID: D332464		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
210.00		790.00		1000.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
842.27		3319.04		4161.31

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

<b>A. Full Name (Last, First, Middle Initial)</b> Florida Department of Revenue <hr/> Mailing Address 5050 West Tennessee Street <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:10%; text-align: center;">Category/ Type</td> </tr> <tr> <td>Tallahassee</td> <td>FL</td> <td>32399-0135</td> </tr> </table> <hr/> Purpose of Disbursement: Sales Tax	City	State	Zip Code	Category/ Type	Tallahassee	FL	32399-0135	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 1126016.67 <hr/> Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> 1 1 / 0 2 / 2 0 1 0 <b>Transaction ID:</b> D339914
City	State	Zip Code	Category/ Type					
Tallahassee	FL	32399-0135						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.99		21.26		26.25

<b>B. Full Name (Last, First, Middle Initial)</b> Gabrielle Ann Arcangeli <hr/> Mailing Address 1845 Bellevue Way Apt A 201 <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:10%; text-align: center;">Category/ Type</td> </tr> <tr> <td>Tallahassee</td> <td>FL</td> <td>32304-4163</td> </tr> </table> <hr/> Purpose of Disbursement: Salary	City	State	Zip Code	Category/ Type	Tallahassee	FL	32304-4163	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 1126016.67 <hr/> Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> 1 1 / 1 5 / 2 0 1 0 <b>Transaction ID:</b> D340843
City	State	Zip Code	Category/ Type					
Tallahassee	FL	32304-4163						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
285.62		1074.49		1360.11

<b>C. Full Name (Last, First, Middle Initial)</b> Hampton Inn Corporate <hr/> Mailing Address 9336 Civic Center Drive <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:10%; text-align: center;">Category/ Type</td> </tr> <tr> <td>Beverly Hills</td> <td>CA</td> <td>90210</td> </tr> </table> <hr/> Purpose of Disbursement: Travel/Lodging	City	State	Zip Code	Category/ Type	Beverly Hills	CA	90210	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 1126016.67 <hr/> Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> 1 1 / 0 8 / 2 0 1 0 <b>Transaction ID:</b> D345625
City	State	Zip Code	Category/ Type					
Beverly Hills	CA	90210						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
41.64		156.64		198.28

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
332.25		1252.39		1584.64

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

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

**A. Full Name (Last, First, Middle Initial)**  
Harry's Bar & Grill

Mailing Address  
301 S. Bronough St.

City State Zip Code  
Tallahassee FL 32301

Purpose of Disbursement:  
Dinner Meeting

Category/  
Type

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

1126016.67

Date MM / DD / YYYY  
11 / 03 / 2010

Transaction ID: D345706

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
6.84 + 25.74 = 32.58

**B. Full Name (Last, First, Middle Initial)**  
Intermedia.Net

Mailing Address  
156 W. 56th St., Suite 1601

City State Zip Code  
NY NY 10019

Purpose of Disbursement:  
Admin Internet

Category/  
Type

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

1126016.67

Date MM / DD / YYYY  
10 / 14 / 2010

Transaction ID: D331189

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
0.55 + 2.32 = 2.87

**C. Full Name (Last, First, Middle Initial)**  
Intermedia.Net

Mailing Address  
156 W. 56th St., Suite 1601

City State Zip Code  
NY NY 10019

Purpose of Disbursement:  
Admin Internet

Category/  
Type

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

1126016.67

Date MM / DD / YYYY  
11 / 15 / 2010

Transaction ID: D341242

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
1.54 + 5.80 = 7.34

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

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
8.93 + 33.86 = 42.79

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

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

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

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

**A. Full Name (Last, First, Middle Initial)**  
Intermedia.Net  
**Mailing Address**  
156 W. 56th St., Suite 1601  
**City** NY **State** NY **Zip Code** 10019  
**Purpose of Disbursement:**  
Admin Internet  
**Activity or Event Identifier:**  
Administrative

**Type of Allocated Activity:**  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
**Allocated Activity or Event Year-To-Date**  
1126016.67  
**Date** 11 / 15 / 2010  
**Transaction ID:** D341243

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.54		5.80		7.34

**B. Full Name (Last, First, Middle Initial)**  
Intermedia.Net  
**Mailing Address**  
156 W. 56th St., Suite 1601  
**City** NY **State** NY **Zip Code** 10019  
**Purpose of Disbursement:**  
Admin Internet  
**Activity or Event Identifier:**  
Administrative

**Type of Allocated Activity:**  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
**Allocated Activity or Event Year-To-Date**  
1126016.67  
**Date** 11 / 16 / 2010  
**Transaction ID:** D341270

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
351.40		1321.95		1673.35

**C. Full Name (Last, First, Middle Initial)**  
Intermedia.Net  
**Mailing Address**  
156 W. 56th St., Suite 1601  
**City** NY **State** NY **Zip Code** 10019  
**Purpose of Disbursement:**  
Admin Internet  
**Activity or Event Identifier:**  
Administrative

**Type of Allocated Activity:**  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
**Allocated Activity or Event Year-To-Date**  
1126016.67  
**Date** 11 / 15 / 2010  
**Transaction ID:** D341241

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.54		5.80		7.34

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
354.48		1333.55		1688.03

**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> John E Rogers			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2257 Collins Rd.			Allocated Activity or Event Year-To-Date 1126016.67	
City	State	Zip Code	Category/ Type	
Cairo	GA	39828		
Purpose of Disbursement: Salary			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 1 0 / 3 0 / 2 0 1 0	
Activity or Event Identifier: Administrative			Transaction ID: D339602	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
107.52		404.47		511.99

<b>B. Full Name (Last, First, Middle Initial)</b> John E Rogers			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2257 Collins Rd.			Allocated Activity or Event Year-To-Date 1126016.67	
City	State	Zip Code	Category/ Type	
Cairo	GA	39828		
Purpose of Disbursement: Salary			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 1 1 / 1 5 / 2 0 1 0	
Activity or Event Identifier: Administrative			Transaction ID: D340849	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
82.79		311.46		394.25

<b>C. Full Name (Last, First, Middle Initial)</b> John E Rogers			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2257 Collins Rd.			Allocated Activity or Event Year-To-Date 1126016.67	
City	State	Zip Code	Category/ Type	
Cairo	GA	39828		
Purpose of Disbursement: Salary			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 1 0 / 1 5 / 2 0 1 0	
Activity or Event Identifier: Administrative			Transaction ID: D339375	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
84.06		358.36		442.42

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
274.37		1074.29		1348.66

**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> 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 9886 N Kendall Dr   Apt H113			Allocated Activity or Event Year-To-Date 1126016.67	
City Miami	State FL	Zip Code 33176-1839	Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> 11 / 15 / 2010 <b>Transaction ID:</b> D341267	
Purpose of Disbursement: Salary				
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
187.01		703.50		890.51

<b>B. Full Name (Last, First, Middle Initial)</b> Little Ceasars Pizza			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 2580 N Monroe St			Allocated Activity or Event Year-To-Date 1126016.67	
City Tallahassee	State FL	Zip Code 32303	Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> 11 / 02 / 2010 <b>Transaction ID:</b> D339985	
Purpose of Disbursement: Lunch Meeting				
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
11.29		42.46		53.75

<b>C. Full Name (Last, First, Middle Initial)</b> Luke Kosar			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 219 W Orlando Street			Allocated Activity or Event Year-To-Date 1126016.67	
City Orlando	State FL	Zip Code 32807	Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> 10 / 30 / 2010 <b>Transaction ID:</b> D339603	
Purpose of Disbursement: Salary				
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
217.89		819.67		1037.56

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
416.19		1565.63		1981.82

**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> Luke Kosar			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 219 W Orlando Street			Allocated Activity or Event Year-To-Date 1126016.67		
City Orlando	State FL	Zip Code 32807	Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0		
Purpose of Disbursement: Salary			Transaction ID: D339379		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
217.89		819.66		1037.55

<b>B. Full Name (Last, First, Middle Initial)</b> Messer, Caparello & Self			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 15579			Allocated Activity or Event Year-To-Date 1126016.67		
City Tallahassee	State FL	Zip Code 32317	Date M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0		
Purpose of Disbursement: Consulting/Legal			Transaction ID: D338462		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
189.00		711.00		900.00

<b>C. Full Name (Last, First, Middle Initial)</b> Messer, Caparello & Self			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 15579			Allocated Activity or Event Year-To-Date 1126016.67		
City Tallahassee	State FL	Zip Code 32317	Date M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 1 0		
Purpose of Disbursement: Consulting/Legal			Transaction ID: D341062		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
553.88		2083.62		2637.50

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
960.77		3614.28		4575.05

**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> Messer, Caparello & Self			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 15579			Allocated Activity or Event Year-To-Date 1126016.67		
City Tallahassee	State FL	Zip Code 32317	Date MM / DD / YYYY 10 / 14 / 2010		
Purpose of Disbursement: Consulting/Legal			Transaction ID: D331814		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
315.00		1185.00		1500.00

<b>B. 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 3550 Esplanade Way, #8107			Allocated Activity or Event Year-To-Date 1126016.67		
City Tallahassee	State FL	Zip Code 32811	Date MM / DD / YYYY 11 / 15 / 2010		
Purpose of Disbursement: Salary			Transaction ID: D340839		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
317.53		1194.52		1512.05

<b>C. Full Name (Last, First, Middle Initial)</b> Ms. Anne O Morgan			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 741 W Keller St			Allocated Activity or Event Year-To-Date 1126016.67		
City Hernando	State FL	Zip Code 34442-8810	Date MM / DD / YYYY 11 / 15 / 2010		
Purpose of Disbursement: Salary			Transaction ID: D340838		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
610.63		2297.14		2907.77

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1243.16		4676.66		5919.82

**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> Nicholas Pellito			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 445 Appleyard Drive #A2-5			Allocated Activity or Event Year-To-Date 1126016.67		
City Tallahassee	State FL	Zip Code 32304	Date M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 1 0		
Purpose of Disbursement: Salary			Transaction ID: D340841		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
217.89		819.67		1037.56

<b>B. Full Name (Last, First, Middle Initial)</b> Nicholas Pellito			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 445 Appleyard Drive #A2-5			Allocated Activity or Event Year-To-Date 1126016.67		
City Tallahassee	State FL	Zip Code 32304	Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 1 0		
Purpose of Disbursement: Salary			Transaction ID: D339595		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
217.89		819.66		1037.55

<b>C. Full Name (Last, First, Middle Initial)</b> Nicholas Pellito			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 445 Appleyard Drive #A2-5			Allocated Activity or Event Year-To-Date 1126016.67		
City Tallahassee	State FL	Zip Code 32304	Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0		
Purpose of Disbursement: Salary			Transaction ID: D339299		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
197.14		840.42		1037.56

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
632.92		2479.75		3112.67

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

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

<b>A. Full Name (Last, First, Middle Initial)</b> One on One Rest-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 215 W College Ave			Allocated Activity or Event Year-To-Date 1126016.67		
City Tallahassee	State FL	Zip Code 32301	Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0		
Purpose of Disbursement: Dinner Meeting			Transaction ID: D338878		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
20.49		77.08		97.57

<b>B. Full Name (Last, First, Middle Initial)</b> One Source Supply Center			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 5855 Green Valley Circle #206			Allocated Activity or Event Year-To-Date 1126016.67		
City Culver City	State CA	Zip Code 90230	Date M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 1 0		
Purpose of Disbursement: Admin Office Supplies			Transaction ID: D340529		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
484.35		1822.09		2306.44

<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 1126016.67		
City Tallahassee	State FL	Zip Code 32310-4603	Date M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0		
Purpose of Disbursement: Janitorial Service			Transaction ID: D338463		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
52.50		197.50		250.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
557.34		2096.67		2654.01

**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> 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 1126016.67		
City Tallahassee	State FL	Zip Code 32310-4603	Date <input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Janitorial Service			Transaction ID: D341239		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
178.50		671.50		850.00

<b>B. Full Name (Last, First, Middle Initial)</b> PAi			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P. O. Box 60			Allocated Activity or Event Year-To-Date 1126016.67		
City DePere	State WI	Zip Code 54115-0060	Date <input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Benefits			Transaction ID: D341271		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
27.93		105.07		133.00

<b>C. Full Name (Last, First, Middle Initial)</b> PAi			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P. O. Box 60			Allocated Activity or Event Year-To-Date 1126016.67		
City DePere	State WI	Zip Code 54115-0060	Date <input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Benefits			Transaction ID: D334336		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
27.93		105.07		133.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
234.36		881.64		1116.00

**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> PAI			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address P. O. Box 60			Allocated Activity or Event Year-To-Date 1126016.67	
City DePere	State WI	Zip Code 54115-0060	Category/ Type	
Purpose of Disbursement: Benefits				
Activity or Event Identifier: Administrative			Date <span style="font-size:small;">M M / D D / Y Y Y Y</span> 1 1 / 0 4 / 2 0 1 0 <b>Transaction ID:</b> D345628	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
27.93		105.07		133.00

<b>B. Full Name (Last, First, Middle Initial)</b> Pat Thomas and Associates Insurance			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 1919			Allocated Activity or Event Year-To-Date 1126016.67	
City Quincy	State FL	Zip Code 32353-1919	Category/ Type	
Purpose of Disbursement: Insurance				
Activity or Event Identifier: Administrative			Date <span style="font-size:small;">M M / D D / Y Y Y Y</span> 1 1 / 0 3 / 2 0 1 0 <b>Transaction ID:</b> D341300	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
628.94		2366.01		2994.95

<b>C. Full Name (Last, First, Middle Initial)</b> Payroll Matters			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2069 North Monroe Street			Allocated Activity or Event Year-To-Date 1126016.67	
City Tallahassee	State FL	Zip Code 32303	Category/ Type	
Purpose of Disbursement: Payroll				
Activity or Event Identifier: Administrative			Date <span style="font-size:small;">M M / D D / Y Y Y Y</span> 1 1 / 1 2 / 2 0 1 0 <b>Transaction ID:</b> D345658	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4741.15		17835.76		22576.91

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5398.02		20306.84		25704.86

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

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

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

Mailing Address  
2069 North Monroe Street

City State Zip Code  
Tallahassee FL 32303

Purpose of Disbursement:  
Payroll

Category/  
Type

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

1126016.67

Date   /   /

Transaction ID: D345659

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
1493.05 + 5616.73 = 7109.78

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

Mailing Address  
2069 North Monroe Street

City State Zip Code  
Tallahassee FL 32303

Purpose of Disbursement:  
Payroll

Category/  
Type

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

1126016.67

Date   /   /

Transaction ID: D342759

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
125.82 + 473.30 = 599.12

**C.** Full Name (Last, First, Middle Initial)  
Payroll Matters

Mailing Address  
2069 North Monroe Street

City State Zip Code  
Tallahassee FL 32303

Purpose of Disbursement:  
Payroll Fees

Category/  
Type

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

1126016.67

Date   /   /

Transaction ID: D342760

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
5.98 + 22.52 = 28.50

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
1624.85 + 6112.55 = 7737.40

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A. Full Name (Last, First, Middle Initial)</b> Payroll Matters			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2069 North Monroe Street			Allocated Activity or Event Year-To-Date 1126016.67		
City	State	Zip Code	Category/Type		
Tallahassee	FL	32303			
Purpose of Disbursement: Payroll Tax			Date		
Activity or Event Identifier: Administrative			M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 1 0 Transaction ID: D342748		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1493.05		5616.73		7109.78

<b>B. Full Name (Last, First, Middle Initial)</b> Payroll Matters			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2069 North Monroe Street			Allocated Activity or Event Year-To-Date 1126016.67		
City	State	Zip Code	Category/Type		
Tallahassee	FL	32303			
Purpose of Disbursement: Payroll Fees			Date		
Activity or Event Identifier: Administrative			M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 1 0 Transaction ID: D342749		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
9.55		35.95		45.50

<b>C. Full Name (Last, First, Middle Initial)</b> Payroll Matters			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2069 North Monroe Street			Allocated Activity or Event Year-To-Date 1126016.67		
City	State	Zip Code	Category/Type		
Tallahassee	FL	32303			
Purpose of Disbursement: Payroll Tax			Date		
Activity or Event Identifier: Administrative			M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 1 0 Transaction ID: D345642		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
106.94		402.29		509.23

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1609.54		6054.97		7664.51

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A. Full Name (Last, First, Middle Initial)</b> Payroll Matters Mailing Address 2069 North Monroe Street City State Zip Code Tallahassee FL 32303 Purpose of Disbursement: Payroll Fees 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 1126016.67 Date MM / DD / YYYY 11 / 02 / 2010 <b>Transaction ID:</b> D345644
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FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.52		5.73		7.25

<b>B. Full Name (Last, First, Middle Initial)</b> Payroll Matters Mailing Address 2069 North Monroe Street City State Zip Code Tallahassee FL 32303 Purpose of Disbursement: Payroll Fees 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 1126016.67 Date MM / DD / YYYY 11 / 08 / 2010 <b>Transaction ID:</b> D345656
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FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
22.15		83.35		105.50

<b>C. Full Name (Last, First, Middle Initial)</b> PitneyBowes Mailing Address P.O. Box 371896 P.O. Box 856042 City State Zip Code Louisville KY 40285-6390 Purpose of Disbursement: Admin Lease/Rent 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 1126016.67 Date MM / DD / YYYY 10 / 18 / 2010 <b>Transaction ID:</b> D333071
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FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
27.88		104.86		132.74

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
51.55		193.94		245.49

**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> Principal Financial Group			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address P. B. Box 14416   Dept. 900			Allocated Activity or Event Year-To-Date 1126016.67																						
City Des Moines	State IA	Zip Code 50306-3416	Date <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	4	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y																
1	1	/	0	4	/	2	0	1	0																
Purpose of Disbursement: Benefits			Category/ Type																						
Activity or Event Identifier: Administrative			Transaction ID: D339949																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
104.98		394.92		499.90

<b>B. Full Name (Last, First, Middle Initial)</b> Purchase Power			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address P.O. Box 856042			Allocated Activity or Event Year-To-Date 1126016.67																						
City Louisville	State KY	Zip Code 40285	Date <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	5	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y																
1	0	/	2	5	/	2	0	1	0																
Purpose of Disbursement: Admin Postage			Category/ Type																						
Activity or Event Identifier: Administrative			Transaction ID: D338464																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.00		395.00		500.00

<b>C. Full Name (Last, First, Middle Initial)</b> Ricoh Americas Corporation			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 21146 Network Place			Allocated Activity or Event Year-To-Date 1126016.67																						
City Chicago	State IL	Zip Code 60673-1211	Date <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	3	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y																
1	1	/	0	3	/	2	0	1	0																
Purpose of Disbursement: Admin Lease/Rent			Category/ Type																						
Activity or Event Identifier: Administrative			Transaction ID: D341297																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
226.00		850.20		1076.20

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
435.98		1640.12		2076.10

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A. Full Name (Last, First, Middle Initial)</b> Roly Poly			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 2866 N University Dr			Allocated Activity or Event Year-To-Date 1126016.67		
City Coral Springs	State FL	Zip Code 33065-1427	Date <input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Lunch Meeting			Transaction ID: D338523		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
19.10		71.85		90.95

<b>B. Full Name (Last, First, Middle Initial)</b> Roly Poly			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 2866 N University Dr			Allocated Activity or Event Year-To-Date 1126016.67		
City Coral Springs	State FL	Zip Code 33065-1427	Date <input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Lunch Meeting			Transaction ID: D334331		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
20.05		75.41		95.46

<b>C. Full Name (Last, First, Middle Initial)</b> Roly Poly			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 2866 N University Dr			Allocated Activity or Event Year-To-Date 1126016.67		
City Coral Springs	State FL	Zip Code 33065-1427	Date <input type="text" value="10"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Lunch Meeting			Transaction ID: D331347		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.88		25.87		32.75

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
46.03		173.13		219.16

**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> Scott Arceneaux			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1544 Lorimier Road			Allocated Activity or Event Year-To-Date 1126016.67		
City Jacksonville	State FL	Zip Code 32207	Date M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 1 0		
Purpose of Disbursement: Salary			Transaction ID: D340840		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
961.98		3618.86		4580.84

<b>B. Full Name (Last, First, Middle Initial)</b> Scott Bakotic			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 9805 S Horseshoe Rd			Allocated Activity or Event Year-To-Date 1126016.67		
City Tallahassee	State FL	Zip Code 32317-9774	Date M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 1 0		
Purpose of Disbursement: Contribution Refund			Transaction ID: D341202		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
525.00		1975.00		2500.00

<b>C. 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 1126016.67		
City Tallahassee	State FL	Zip Code 32317-5038	Date M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 1 0		
Purpose of Disbursement: Admin Office Supplies			Transaction ID: D341299		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.53		397.00		502.53

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1592.51		5990.86		7583.37

**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> Sprint			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 6450 Sprint Parkway			Allocated Activity or Event Year-To-Date 1126016.67		
City Overland Park	State KS	Zip Code 66251	Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0		
Purpose of Disbursement: Admin Internet			Transaction ID: D332248		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
23.15		87.09		110.24

<b>B. Full Name (Last, First, Middle Initial)</b> Sprint			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 6450 Sprint Parkway			Allocated Activity or Event Year-To-Date 1126016.67		
City Overland Park	State KS	Zip Code 66251	Date M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 1 0		
Purpose of Disbursement: Admin Internet			Transaction ID: D341054		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
15.15		56.98		72.13

<b>C. Full Name (Last, First, Middle Initial)</b> Staples Office Supplies			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 Staples Drive			Allocated Activity or Event Year-To-Date 1126016.67		
City Framingham	State MA	Zip Code 01702	Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0		
Purpose of Disbursement: Admin Office Supplies			Transaction ID: D334326		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
13.12		49.34		62.46

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
51.42		193.41		244.83

**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> Stephen Carville			<b>Type of Allocated Activity:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2401 W. Morrison Ave., Apt 610 Burden Ln			Allocated Activity or Event Year-To-Date 1126016.67	
City	State	Zip Code	Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 1 1 / 1 5 / 2 0 1 0 <b>Transaction ID:</b> D340844	
Tampa	FL	33609		
Purpose of Disbursement: Salary			Category/ Type	
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
177.28		666.90		844.18

<b>B. Full Name (Last, First, Middle Initial)</b> Stephen Carville			<b>Type of Allocated Activity:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2401 W. Morrison Ave., Apt 610 Burden Ln			Allocated Activity or Event Year-To-Date 1126016.67	
City	State	Zip Code	Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 1 0 / 3 0 / 2 0 1 0 <b>Transaction ID:</b> D339598	
Tampa	FL	33609		
Purpose of Disbursement: Salary			Category/ Type	
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
177.28		666.90		844.18

<b>C. Full Name (Last, First, Middle Initial)</b> Stephen Carville			<b>Type of Allocated Activity:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2401 W. Morrison Ave., Apt 610 Burden Ln			Allocated Activity or Event Year-To-Date 1126016.67	
City	State	Zip Code	Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 1 0 / 1 5 / 2 0 1 0 <b>Transaction ID:</b> D339306	
Tampa	FL	33609		
Purpose of Disbursement: Salary			Category/ Type	
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
160.39		683.79		844.18

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
514.95		2017.59		2532.54

**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

**A. Full Name (Last, First, Middle Initial)**  
T-Mobile  
Mailing Address  
PO Box 37380  
City State Zip Code  
Albuquerque NM 87176-7380  
Purpose of Disbursement:  
Admin Cell Phone  
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  
1126016.67  
Date 11 / 03 / 2010  
Transaction ID: D341295

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
31.71		119.30		151.01

**B. Full Name (Last, First, Middle Initial)**  
T-Mobile  
Mailing Address  
PO Box 37380  
City State Zip Code  
Albuquerque NM 87176-7380  
Purpose of Disbursement:  
Admin Cell Phone  
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  
1126016.67  
Date 10 / 27 / 2010  
Transaction ID: D338879

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
514.66		1936.09		2450.75

**C. Full Name (Last, First, Middle Initial)**  
Technology Services Group  
Mailing Address  
4979 Glen Castle Drive  
City State Zip Code  
Tallahassee FL 32309  
Purpose of Disbursement:  
Consulting/IT  
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  
1126016.67  
Date 10 / 26 / 2010  
Transaction ID: D338546

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
390.59		1469.34		1859.93

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
936.96		3524.73		4461.69

**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)**  
Technology Services Group  
Mailing Address  
4979 Glen Castle Drive  
City State Zip Code  
Tallahassee FL 32309  
Purpose of Disbursement:  
Consulting/IT  
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  
1126016.67  
Date 11 / 03 / 2010  
Transaction ID: D341207

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
46.20		173.80		220.00

**B. Full Name (Last, First, Middle Initial)**  
Telephone Strategies Group  
Mailing Address  
446 N Wells Street #338  
City State Zip Code  
Chicago IL 60654  
Purpose of Disbursement:  
Telephone Calls  
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  
1126016.67  
Date 11 / 03 / 2010  
Transaction ID: D341238

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1012.20		3807.78		4819.98

**C. Full Name (Last, First, Middle Initial)**  
Karen L. Thurman  
Mailing Address  
9067 S.W. 190th Ave., Rd.  
City State Zip Code  
Dunnellon FL 34423  
Purpose of Disbursement:  
Salary  
Activity or Event Identifier:  
Administrative

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  
1126016.67  
Date 11 / 15 / 2010  
Transaction ID: D340842

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
678.92		2554.03		3232.95

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1737.32		6535.61		8272.93

**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> Tracy N Henderson			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 213 Young Street			Allocated Activity or Event Year-To-Date 1126016.67	
City	State	Zip Code	Category/ Type	
Tallahassee	FL	32301		
Purpose of Disbursement: Salary			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">1 1 / 1 5 / 2 0 1 0</span>	
Activity or Event Identifier: Administrative			Transaction ID: D340846	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
256.59		965.27		1221.86

<b>B. Full Name (Last, First, Middle Initial)</b> Tracy N Henderson			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 213 Young Street			Allocated Activity or Event Year-To-Date 1126016.67	
City	State	Zip Code	Category/ Type	
Tallahassee	FL	32301		
Purpose of Disbursement: Salary			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">1 0 / 3 0 / 2 0 1 0</span>	
Activity or Event Identifier: Administrative			Transaction ID: D339599	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
256.59		965.27		1221.86

<b>C. Full Name (Last, First, Middle Initial)</b> Tracy N Henderson			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 213 Young Street			Allocated Activity or Event Year-To-Date 1126016.67	
City	State	Zip Code	Category/ Type	
Tallahassee	FL	32301		
Purpose of Disbursement: Salary			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">1 0 / 1 5 / 2 0 1 0</span>	
Activity or Event Identifier: Administrative			Transaction ID: D339307	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
232.15		989.70		1221.85

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
745.33		2920.24		3665.57

**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> U.S. Postal Service - 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 2800 S Adams Street			Allocated Activity or Event Year-To-Date 1126016.67		
City Tallahassee	State FL	Zip Code 32301	Date <input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Admin Shipping			Transaction ID: D334478		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
77.70		292.30		370.00

<b>B. Full Name (Last, First, Middle Initial)</b> Union Printing			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 2321 Pembroke Rd			Allocated Activity or Event Year-To-Date 1126016.67		
City Hollywood	State FL	Zip Code 33020-6253	Date <input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Printing			Transaction ID: D341229		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
20.65		77.70		98.35

<b>C. Full Name (Last, First, Middle Initial)</b> United States Post Office			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2700 Campus Dr			Allocated Activity or Event Year-To-Date 1126016.67		
City San Mateo	State CA	Zip Code 94497-0001	Date <input type="text" value="11"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Admin Shipping			Transaction ID: D346150		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.65		13.75		17.40

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
102.00		383.75		485.75

**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> United States Postal Service <hr/> Mailing Address Accounting Service Center 2825 Lone Oak Pkwy. (3rd Floor SS) <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:10%; text-align: center;">Category/ Type</td> </tr> <tr> <td>Saint Paul</td> <td>MN</td> <td>55121-9610</td> </tr> </table> <hr/> Purpose of Disbursement: Admin Shipping	City	State	Zip Code	Category/ Type	Saint Paul	MN	55121-9610	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 1126016.67 <hr/> Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> 1 0 / 1 8 / 2 0 1 0 <b>Transaction ID:</b> D334328
City	State	Zip Code	Category/ Type					
Saint Paul	MN	55121-9610						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.65		13.75		17.40

<b>B. Full Name (Last, First, Middle Initial)</b> United States Postal Service <hr/> Mailing Address Accounting Service Center 2825 Lone Oak Pkwy. (3rd Floor SS) <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:10%; text-align: center;">Category/ Type</td> </tr> <tr> <td>Saint Paul</td> <td>MN</td> <td>55121-9610</td> </tr> </table> <hr/> Purpose of Disbursement: Admin Shipping	City	State	Zip Code	Category/ Type	Saint Paul	MN	55121-9610	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 1126016.67 <hr/> Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> 1 0 / 1 9 / 2 0 1 0 <b>Transaction ID:</b> D334325
City	State	Zip Code	Category/ Type					
Saint Paul	MN	55121-9610						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.65		13.75		17.40

<b>C. Full Name (Last, First, Middle Initial)</b> United States Postal Service <hr/> Mailing Address Accounting Service Center 2825 Lone Oak Pkwy. (3rd Floor SS) <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:10%; text-align: center;">Category/ Type</td> </tr> <tr> <td>Saint Paul</td> <td>MN</td> <td>55121-9610</td> </tr> </table> <hr/> Purpose of Disbursement: Admin Shipping	City	State	Zip Code	Category/ Type	Saint Paul	MN	55121-9610	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 1126016.67 <hr/> Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> 1 1 / 2 2 / 2 0 1 0 <b>Transaction ID:</b> D345634
City	State	Zip Code	Category/ Type					
Saint Paul	MN	55121-9610						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.65		13.75		17.40

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.95		41.25		52.20

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A. Full Name (Last, First, Middle Initial)</b> UPS			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 7247-0244			Allocated Activity or Event Year-To-Date 1126016.67		
City Philadelphia	State PA	Zip Code 19170-0001	Date <input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Admin Shipping			Transaction ID: D333073		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
68.78		258.73		327.51

<b>B. Full Name (Last, First, Middle Initial)</b> UPS			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 7247-0244			Allocated Activity or Event Year-To-Date 1126016.67		
City Philadelphia	State PA	Zip Code 19170-0001	Date <input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Admin Shipping			Transaction ID: D341232		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
122.55		461.03		583.58

<b>C. Full Name (Last, First, Middle Initial)</b> WalMart Stores, Inc.			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 702 SW 8th St			Allocated Activity or Event Year-To-Date 1126016.67		
City Bentonville	State AR	Zip Code 72716-6209	Date <input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Admin Office Supplies			Transaction ID: D340180		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
12.61		47.45		60.06

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
203.94		767.21		971.15

**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> WalMart Stores, Inc.			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 702 SW 8th St			Allocated Activity or Event Year-To-Date 1126016.67		
City	State	Zip Code	Category/Type		
Bentonville	AR	72716-6209			
Purpose of Disbursement: Admin Office Supplies					
Activity or Event Identifier: Administrative			Date <input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2010"/> <b>Transaction ID:</b> D334319		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
30.70		115.51		146.21

<b>B. Full Name (Last, First, Middle Initial)</b> WebDomains4u.com			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 14455 North Hayden Rd., Suite 219			Allocated Activity or Event Year-To-Date 1126016.67		
City	State	Zip Code	Category/Type		
Scottsdale	AZ	85260			
Purpose of Disbursement: Admin Internet					
Activity or Event Identifier: Administrative			Date <input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> <b>Transaction ID:</b> D341240		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.14		8.03		10.17

<b>C. Full Name (Last, First, Middle Initial)</b> Nicholas Pellito			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 445 Appleyard Drive #A2-5			Allocated Activity or Event Year-To-Date 1126016.67		
City	State	Zip Code	Category/Type		
Tallahassee	FL	32304			
Purpose of Disbursement: Staff Reimbursement					
Activity or Event Identifier: Administrative			Date <input type="text" value="10"/> / <input type="text" value="14"/> / <input type="text" value="2010"/> <b>Transaction ID:</b> D331398		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
11.29		42.45		53.74

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
44.13		165.99		210.12

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A. Full Name (Last, First, Middle Initial)</b> AT&T Mobility			<b>Type of Allocated Activity:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 538695			Allocated Activity or Event Year-To-Date 1126016.67	
City Atlanta	State GA	Zip Code 30353-8695	Category/ Type	
Purpose of Disbursement: Admin Cell Phone			Date <span style="font-size:small;">M M / D D / Y Y Y Y</span> 1 0 / 1 4 / 2 0 1 0	
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>			Transaction ID: D331400	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
11.29		42.45		53.74

<b>B. Full Name (Last, First, Middle Initial)</b> Ms. Christina Boltin			<b>Type of Allocated Activity:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address P. O. Box 10302			Allocated Activity or Event Year-To-Date 1126016.67	
City Tallahassee	State FL	Zip Code 32302	Category/ Type	
Purpose of Disbursement: Staff Reimbursement			Date <span style="font-size:small;">M M / D D / Y Y Y Y</span> 1 0 / 1 4 / 2 0 1 0	
Activity or Event Identifier: Administrative			Transaction ID: D331403	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
25.20		94.80		120.00

<b>C. Full Name (Last, First, Middle Initial)</b> Alyssa Miller			<b>Type of Allocated Activity:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 900 Riggins Road #723			Allocated Activity or Event Year-To-Date 1126016.67	
City Tallahassee	State FL	Zip Code 32308	Category/ Type	
Purpose of Disbursement: Staff Reimbursement			Date <span style="font-size:small;">M M / D D / Y Y Y Y</span> 1 0 / 1 5 / 2 0 1 0	
Activity or Event Identifier: Administrative			Transaction ID: D332245	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
18.06		67.93		85.99

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
43.26		162.73		205.99

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
Best Buy Corporate

Mailing Address  
7601 Penn Ave S

City State Zip Code  
Minneapolis MN 55423-3645

Purpose of Disbursement:  
Admin Office Supplies

Category/  
Type

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1126016.67

Activity or Event Identifier:  
Administrative

**[MEMO ITEM]**

Date   /   /

Transaction ID: D332246

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
18.06		67.93		85.99

**B. Full Name (Last, First, Middle Initial)**  
Scott Arceneaux

Mailing Address  
1544 Lorimier Road

City State Zip Code  
Jacksonville FL 32207

Purpose of Disbursement:  
Staff Reimbursement

Category/  
Type

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1126016.67

Activity or Event Identifier:  
Administrative

Date   /   /

Transaction ID: D338433

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
30.41		114.39		144.80

**C. Full Name (Last, First, Middle Initial)**  
AT&T Mobility

Mailing Address  
PO Box 538695

City State Zip Code  
Atlanta GA 30353-8695

Purpose of Disbursement:  
Admin Cell Phone

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

1126016.67

Activity or Event Identifier:  
Administrative

**[MEMO ITEM]**

Date   /   /

Transaction ID: D338434

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
30.41		114.39		144.80

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
30.41		114.39		144.80

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

**A. Full Name (Last, First, Middle Initial)**  
Nicholas Pellito  
Mailing Address  
445 Appleyard Drive #A2-5  
City State Zip Code  
Tallahassee FL 32304  
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  
1126016.67  
Date 11 / 03 / 2010  
Transaction ID: D340184

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
90.29		339.66		429.95

**B. Full Name (Last, First, Middle Initial)**  
T-Mobile  
Mailing Address  
PO Box 742596  
City State Zip Code  
Cincinnati OH 45274-2596  
Purpose of Disbursement:  
Admin Cell Phone  
Activity or Event Identifier:  
Administrative  
**[MEMO ITEM]**

Type of Allocated Activity:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
Allocated Activity or Event Year-To-Date  
1126016.67  
Date 11 / 03 / 2010  
Transaction ID: D340185

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
90.29		339.66		429.95

**C. 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:  
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  
1126016.67  
Date 11 / 12 / 2010  
Transaction ID: D342751

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
181.44		682.56		864.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
271.73		1022.22		1293.95

**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:  
Auto Travel

Category/  
Type

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1126016.67

Date 11 / 12 / 2010

Transaction ID: D342752

Activity or Event Identifier:  
Administrative  
**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
181.44		682.56		864.00

**B. Full Name (Last, First, Middle Initial)**  
Scott Arceneaux

Mailing Address  
1544 Lorimier Road

City State Zip Code  
Jacksonville FL 32207

Purpose of Disbursement:  
Staff Reimbursement

Category/  
Type

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1126016.67

Date 11 / 12 / 2010

Transaction ID: D342753

Activity or Event Identifier:  
Administrative

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
107.12		402.98		510.10

**C. Full Name (Last, First, Middle Initial)**  
Scott Arceneaux

Mailing Address  
1544 Lorimier Road

City State Zip Code  
Jacksonville FL 32207

Purpose of Disbursement:  
Auto Travel

Category/  
Type

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1126016.67

Date 11 / 12 / 2010

Transaction ID: D342754

Activity or Event Identifier:  
Administrative  
**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
107.12		402.98		510.10

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
107.12		402.98		510.10

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A. Full Name (Last, First, Middle Initial)</b> Scott Arceneaux			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1544 Lorimier Road			Allocated Activity or Event Year-To-Date 1126016.67		
City Jacksonville	State FL	Zip Code 32207	Date MM / DD / YYYY 11 / 08 / 2010		
Purpose of Disbursement: Staff Reimbursement			Transaction ID: D342761		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
152.27		572.81		725.08

<b>B. 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 1126016.67		
City Tallahassee	State FL	Zip Code 32301	Date MM / DD / YYYY 11 / 08 / 2010		
Purpose of Disbursement: Travel/Lodging			Transaction ID: D342762		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
152.27		572.81		725.08

<b>C. Full Name (Last, First, Middle Initial)</b> Ms. Anne O Morgan			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 741 W Keller St			Allocated Activity or Event Year-To-Date 1126016.67		
City Hernando	State FL	Zip Code 34442-8810	Date MM / DD / YYYY 11 / 08 / 2010		
Purpose of Disbursement: Staff Reimbursement			Transaction ID: D342925		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
210.00		790.00		1000.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
362.27		1362.81		1725.08

**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)**  
Blue Cross and Blue Shield of Florida

Mailing Address  
P.O. Box 2210

City State Zip Code  
Jacksonville FL 32232-5005

Purpose of Disbursement:  
Benefits

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  
1126016.67

Date MM / DD / YYYY  
11 / 08 / 2010

Transaction ID: D342926

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
210.00		790.00		1000.00

**B. 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:  
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  
1126016.67

Date MM / DD / YYYY  
11 / 08 / 2010

Transaction ID: D342929

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
25.20		94.80		120.00

**C. Full Name (Last, First, Middle Initial)**  
AT&T Mobility

Mailing Address  
PO Box 538695

City State Zip Code  
Atlanta GA 30353-8695

Purpose of Disbursement:  
Admin Cell Phone

Activity or Event Identifier:  
Administrative  
**[MEMO ITEM]**

Type of Allocated Activity:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
1126016.67

Date MM / DD / YYYY  
11 / 08 / 2010

Transaction ID: D343567

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
25.20		94.80		120.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
25.20		94.80		120.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(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 3550 Esplanade Way, #8107			Allocated Activity or Event Year-To-Date 1126016.67		
City Tallahassee	State FL	Zip Code 32811	Date <input type="text" value="11"/> / <input type="text" value="08"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Staff Reimbursement			Transaction ID: D343568		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
88.21		331.85		420.06

<b>B. Full Name (Last, First, Middle Initial)</b> Enterprise Rent-A Car			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 3300 Capital Circle			Allocated Activity or Event Year-To-Date 1126016.67		
City Tallahassee	State FL	Zip Code 32310	Date <input type="text" value="11"/> / <input type="text" value="08"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Auto Travel			Transaction ID: D343570		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
85.75		322.56		408.31

<b>C. Full Name (Last, First, Middle Initial)</b> Florida's Turnpike			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 Turnpike Mile Post 263 Bldg. 5315			Allocated Activity or Event Year-To-Date 1126016.67		
City Ocoee	State FL	Zip Code 34761	Date <input type="text" value="11"/> / <input type="text" value="08"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Auto Travel			Transaction ID: D343569		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.47		9.28		11.75

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
88.21		331.85		420.06

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<b>A. Full Name (Last, First, Middle Initial)</b> Eric Jotkoff			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 3607 Eagle Nest Court			Allocated Activity or Event Year-To-Date 1126016.67		
City Melbourne	State FL	Zip Code 32904	Date M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 1 0		
Purpose of Disbursement: Staff Reimbursement			Transaction ID: D345173		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
151.53		570.02		721.55

<b>B. Full Name (Last, First, Middle Initial)</b> Eric Jotkoff			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 3607 Eagle Nest Court			Allocated Activity or Event Year-To-Date 1126016.67		
City Melbourne	State FL	Zip Code 32904	Date M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 1 0		
Purpose of Disbursement: Auto Travel			Transaction ID: D345174		
Activity or Event Identifier: Administrative <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.20		395.73		500.93

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
151.53		570.02		721.55

**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
29385.81		111454.20		140840.01

**SCHEDULE H5 (FEC Form 3X)  
 TRANSFERS OF LEVIN FUNDS FOR  
 SHARED FEDERAL ELECTION ACTIVITY**  
 (To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)  
 DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

NAME OF ACCOUNT FDP Coordinated	DATE OF RECEIPT <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	1		2	0	1	0	TOTAL AMOUNT TRANSFERRED <table border="1"> <tr> <td>355000.00</td> </tr> </table> Transaction ID: T494	355000.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		0	1		2	0	1	0														
355000.00																							

BREAKDOWN OF THIS TRANSFER

		VOTER REGISTRATION		
i) <b>Voter Registration</b>	Total Amount Transferred for Voter Registration.....	<table border="1"><tr><td>0.00</td></tr></table>	0.00	
0.00				
		VOTER ID		
ii) <b>Voter ID</b>	Total Amount Transferred for Voter ID.....	<table border="1"><tr><td>0.00</td></tr></table>	0.00	
0.00				
		GOTV		
iii) <b>GOTV</b>	Total Amount Transferred for GOTV.....	<table border="1"><tr><td>0.00</td></tr></table>	0.00	
0.00				
		GENERIC CAMPAIGN ACTIVITY		
iv) <b>Generic Campaign Activity</b>	Total Amount Transferred for Generic Campaign Activity.....	<table border="1"><tr><td>355000.00</td></tr></table>	355000.00	
355000.00				

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)**

<b>TOTAL</b> This Period (Voter Registration).....	<table border="1"><tr><td>0.00</td></tr></table>	0.00
0.00		
<b>TOTAL</b> This Period (Voter ID).....	<table border="1"><tr><td>0.00</td></tr></table>	0.00
0.00		
<b>TOTAL</b> This Period (GOTV).....	<table border="1"><tr><td>0.00</td></tr></table>	0.00
0.00		
<b>TOTAL</b> This Period (Generic Campaign Activity).....	<table border="1"><tr><td>355000.00</td></tr></table>	355000.00
355000.00		
<b>TOTAL</b> This Period (Total Amount of Transfers Received).....	<table border="1"><tr><td>355000.00</td></tr></table>	355000.00
355000.00		

**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