24020472004
24020472004

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SECRETARY OF THE SENATE
04 JUL 16 PM 2: 39

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full) — USE FEC MAILING LABEL OR TYPE OR PRINT ▼ — Example: If typing, type over the lines

Friends of Johnnie Byrd

ADDRESS (number and street) ▼ P.O. Box 566

☐ Check if different than previously reported. (ACC)

Plant City | FL | 33564

CITY ▲ STATE ▲ ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼ C00368702

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

STATE ▼ DISTRICT FL

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☒ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ Termination Report (TER)

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

☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
☐ Convention (12C) ☐ Special (12S)

Election on ____ in the State of ____

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

☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on ____ in the State of ____

5. Covering Period 04 01 2004 through 06 30 2004

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

Type or Print Name of Treasurer Daniel D Raulerson

Signature of Treasurer _____ Date 07 13 2004

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

Office Use Only

FEC FORM 3
(Revised 02/2003)

24020472005

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Friends of Johnnie Byrd

Report Covering the Period: From: 04 01 2004 To: 06 30 2004

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	356937.24	2714084.49
(b) Total Contribution Refunds (from Line 20(d))	107000.00	108250.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	249937.24	2605834.49
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	860661.72	1644702.81
(b) Total Offsets to Operating Expenditures (from Line 14)	745.13	12925.73
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	859916.59	1631777.08
8. Cash on Hand at Close of Reporting Period (from Line 27)	980132.91	
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	19369.63	

For further information contact:

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

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

24020472006

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 02/2003) Page 3

Write or Type Committee Name
Friends of Johnnie Byrd

Report Covering the Period: From: 04 01 2004 To: 06 30 2004

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	343450.00	
(ii) Unitemized	9487.24	
(iii) TOTAL of contributions from Individuals ▶	352937.24	2593284.49
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACS)	4000.00	120800.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	356937.24	2714084.49
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate	0.00	0.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	745.13	12925.73
15. OTHER RECEIPTS (Dividends, Interest, etc.)	2759.46	8075.50
16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶	360441.83	2735085.72

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	860661.72	1644702.81
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
(b) Of all Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	107000.00	108250.00
(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 20(a), (b), and (c))	107000.00	108250.00
21. OTHER DISBURSEMENTS	0.00	2000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▷	967661.72	1754952.81

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	1587352.80
24. TOTAL RECEIPTS THIS PERIOD (from Line 18, page3)	360441.83
25. SUBTOTAL (add Line 23 and Line 24)	1947794.63
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	967661.72
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	980132.91

24020472008
24020472008

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 282
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Belinda Keiser
Mailing Address 5997 N W 63rd Way
City: Parkland State: FL Zip Code: 33067-
FEC ID number of contributing federal political committee. C
Name of Employer: Keiser College
Occupation: Vice Chancellor of Comm. Dev.
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 3000.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 0702200453C3889
Amount of Each Receipt this Period: 1000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Sylvia Urich
Mailing Address 2500 SW 75 Ave
City: Miami State: FL Zip Code: 33155-
FEC ID number of contributing federal political committee. C
Name of Employer: Healthcare Management Systems
Occupation: President
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 4000.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 0702200453C3888
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Louis Meyerson
Mailing Address 3701 N Country Club Dr Apt # 2206
City: N Miami Beach State: FL Zip Code: 33180-
FEC ID number of contributing federal political committee. C
Name of Employer: Advanced Nutrition
Occupation: Sales
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 4000.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 0702200453C3886
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 5000.00

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

24020472009
24020472009

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) | PAGE 6 / 282

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Sylvia Meyerson
Mailing Address 3701 N Country Club Dr Apt # 2206
City: N Miami Beach State: FL Zip Code: 33180-
FEC ID number of contributing federal political committee: C
Name of Employer: Pure Source
Occupation: Bookkeeper
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 4000.00
Date of Receipt: 06 / 30 / 2004
Transaction ID: 07022D0453C3867
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Joel Meyerson
Mailing Address 6381 Allison Rd
City: Miami Beach State: FL Zip Code: 33141-
FEC ID number of contributing federal political committee: C
Name of Employer: Pure Source
Occupation: Sales
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 4000.00
Date of Receipt: 06 / 30 / 2004
Transaction ID: 07022D0453C3885
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Peter J. Hern
Mailing Address 22773 Ponderosa Drive
City: Boca Raton State: FL Zip Code: 33428-
FEC ID number of contributing federal political committee: C
Name of Employer: Legend Properties, Inc
Occupation: President/CEO
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 4000.00
Date of Receipt: 06 / 30 / 2004
Transaction ID: 07012D0414C3871
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 6000.00

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

24020472010
24020472010

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 7 / 282
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Margie M. Honn
Mailing Address 22773 Ponderosa Drive
City: Boca Raton State: FL Zip Code: 33428-
FEC ID number of contributing federal political committee: C
Name of Employer: Homemaker
Occupation: Homemaker
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 4000.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 0701200414C3870
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Belle Bear
Mailing Address 72 Highpoint Dr.
City: Gulf Breeze State: FL Zip Code: 32561-
FEC ID number of contributing federal political committee: C
Name of Employer: Homemaker
Occupation: Homemaker
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 4000.00

Date of Receipt: 06 / 29 / 2004
Transaction ID: 0629200452C3813
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Lewis Bear, Jr.
Mailing Address 72 Highpoint Dr.
City: Gulf Breeze State: FL Zip Code: 32561-
FEC ID number of contributing federal political committee: C
Name of Employer: The Lewis Bear Company
Occupation: Wholesale Distribution
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 4000.00

Date of Receipt: 06 / 29 / 2004
Transaction ID: 0629200452C3814
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 6000.00

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

24020472011
24020472011

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 8 / 282

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Susie Donovan
Mailing Address 316 S. Baylen St. Suite 300
City: Pensacola State: FL Zip Code: 32501-
FEC ID number of contributing federal political committee: C
Name of Employer: Homemaker
Occupation: Homemaker
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 3000.00
Date of Receipt: 03 / 29 / 2004
Transaction ID: 0629200452C3812
Amount of Each Receipt this Period: 1000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
David Spencer
Mailing Address PO Box 27573
City: Panama City Beach State: FL Zip Code: 32411-
FEC ID number of contributing federal political committee: C
Name of Employer: The Glass Center
Occupation: President
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 4000.00
Date of Receipt: 06 / 30 / 2004
Transaction ID: 0701200414C3868
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
James Finch
Mailing Address 1805 Tennessee Ave
City: Lynn Haven State: FL Zip Code: 32444-
FEC ID number of contributing federal political committee: C
Name of Employer: Phoenix Construction
Occupation: CEO
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 4000.00
Date of Receipt: 06 / 30 / 2004
Transaction ID: 0701200414C3867
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 5000.00

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

24020472012
24020472012

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 282
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Tricia L. Edwards
Mailing Address 1120 Pennsylvania Ave
City: Lynn Haven State: FL Zip Code: 32444-
FEC ID number of contributing federal political committee: C
Name of Employer: Phoenix Construction
Occupation: Administrative Assistant
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 4000.00
Date of Receipt: 06 / 30 / 2004
Transaction ID: 07D1200414C3866
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Karen L. Durden
Mailing Address P.O. Box 28030
City: Panama City Beach State: FL Zip Code: 32411-
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Interior Decorator
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 4000.00
Date of Receipt: 06 / 30 / 2004
Transaction ID: 07D1200414C3869
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Wesley L. Burnham
Mailing Address 11212 Front Beach Rd.
City: Panama City Beach State: FL Zip Code: 32407-
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Real Estate Developer
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 3000.00
Date of Receipt: 06 / 30 / 2004
Transaction ID: 07D1200414C3861
Amount of Each Receipt this Period: 1000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 5000.00

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

24020472013
24020472013

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 282
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Steven R. West
Mailing Address 15636 Fiddlesticks Blvd
City: Ft. Myers State: FL Zip Code: 33912-
FEC ID number of contributing federal political committee: C
Name of Employer: Southwest Florida Heart Group
Occupation: Physician
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 1750.00

Date of Receipt: 06 / 29 / 2004
Transaction ID: 0701200414C3830
Amount of Each Receipt this Period: 250.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Jane M. West
Mailing Address 15636 Fiddlesticks Blvd
City: Ft. Myers State: FL Zip Code: 33912-
FEC ID number of contributing federal political committee: C
Name of Employer: Homemaker
Occupation: Homemaker
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 1750.00

Date of Receipt: 06 / 29 / 2004
Transaction ID: 0701200414C3831
Amount of Each Receipt this Period: 250.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Douglas M. Stevens, M.D.
Mailing Address 910 Aqua Lane
City: Fort Myers State: FL Zip Code: 33919-
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Physician
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 06 / 29 / 2004
Transaction ID: 0701200414C3827
Amount of Each Receipt this Period: 100.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 600.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 11 / 282

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
John W. Bocbo

Mailing Address 705 Saint Albans Dr

City: Boca Raton State: FL Zip Code: 33486-

FEC ID number of contributing federal political committee. C

Name of Employer: Spectrum Personnel
Occupation: HealthCare Professional

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 6000.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 07012004 14C3874

Amount of Each Receipt this Period: 2000.00

Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Jennifer Closshey

Mailing Address 2111 Golfview Dr

City: Plant City State: FL Zip Code: 33567-

FEC ID number of contributing federal political committee. C

Name of Employer: Crystals International
Occupation: President

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 6000.00

Date of Receipt: 06 / 28 / 2004
Transaction ID: 06292004 52C3795

Amount of Each Receipt this Period: 2000.00

Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Edward M. Verner

Mailing Address PO Box 1118

City: Plant City State: FL Zip Code: 33564-

FEC ID number of contributing federal political committee. C

Name of Employer: City Properties Company
Occupation: Vice President

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 6000.00

Date of Receipt: 06 / 28 / 2004
Transaction ID: 06292004 52C3791

Amount of Each Receipt this Period: 2000.00

Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 6000.00

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

24020472015
24020472015

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) [X] 11a [ ] 11b [ ] 11c [ ] 11d [ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

PAGE 12 / 282

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Mark Proctor
Mailing Address 409 South Kings Ave
City: Brandon State: FL Zip Code: 33511-
FEC ID number of contributing federal political committee. C
Name of Employer: Self Employed
Occupation: Consultant
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 750.00

Date of Receipt: 06 / 08 / 2004
Transaction ID: 0611200417C3738
Amount of Each Receipt this Period: 50.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Steven G. Burton
Mailing Address 9338 Deer Creek Dr.
City: Tampa State: FL Zip Code: 33647-
FEC ID number of contributing federal political committee. C
Name of Employer: Broad & Cassella, PA
Occupation: Attorney
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 8000.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 0709200449C3947
Amount of Each Receipt this Period: 4000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Susan Marie Burton
Mailing Address 9338 Deer Creek Dr.
City: Tampa State: FL Zip Code: 33647-
FEC ID number of contributing federal political committee. C
Name of Employer: Homemaker
Occupation: Homemaker
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 8000.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 0709200449C3948
Amount of Each Receipt this Period: 4000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 8050.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 13 / 282

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
J. Patrick Michaels, Jr.
Mailing Address 101 E. Kennedy Blvd., Ste. 3300
City: Tampa State: FL Zip Code: 33602-
FEC ID number of contributing federal political committee: C
Name of Employer: Communication Equity Asso-c.
Occupation: President/CEO
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 4000.00

Date of Receipt: 06 / 29 / 2004
Transaction ID: 0629200452C3805
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Samad S. Rashid
Mailing Address 3621 Sugarloaf Lane
City: Valrico State: FL Zip Code: 33594-
FEC ID number of contributing federal political committee: C
Name of Employer: Hollec USA Inc
Occupation: Sales
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 6000.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 0706200422C3932
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Richard A. Beard, III
Mailing Address 100 N. Tampa St., Suite 2175
City: Tampa State: FL Zip Code: 33602-
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Developer
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 04 / 19 / 2004
Transaction ID: 0421200446C3556
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 4500.00

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

24020472017
24020472017

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 14 / 282

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Charles Crosshey
Mailing Address 2111 Golfview Dr
City: Plant City State: FL Zip Code: 33567-
FEC ID number of contributing federal political committee. C
Name of Employer: Homemaker
Occupation: Homemaker
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 6000.00

Date of Receipt: 06 / 28 / 2004
Transaction ID: 0629200452C3796
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Danny L. Wilkes
Mailing Address 2903 N. Oak Crest Dr.
City: Plant City State: FL Zip Code: 33566-
FEC ID number of contributing federal political committee. C
Name of Employer: Tampa Electric
Occupation: Manager
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 05 / 18 / 2004
Transaction ID: 0611200417C3892
Amount of Each Receipt this Period: 100.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Ann H. Trinkle
Mailing Address 711 Pinedale Dr.
City: Plant City State: FL Zip Code: 33566-
FEC ID number of contributing federal political committee. C
Name of Employer: Homemaker
Occupation: Homemaker
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 4000.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 0701200414C3848
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 4100.00

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

24020472018
24020472018

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 15 / 282

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Robert S. Trinkle

Mailing Address P.O. Drawer TT

City: Plant City | State: FL | Zip Code: 33564-

FEC ID number of contributing federal political committee: C

Name of Employer: Trinkle, Swanson, Byrd & Colton

Occupation: Attorney

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 4000.00

Date of Receipt: 06 / 30 / 2004

Transaction ID: 07012004 14C3849

Amount of Each Receipt this Period: 2000.00

Receipt

[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
William G. Carr

Mailing Address 2210 Wedgewood Court

City: Plant City | State: FL | Zip Code: 33566-

FEC ID number of contributing federal political committee: C

Name of Employer: Retired

Occupation: Retired

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 1200.00

Date of Receipt: 08 / 11 / 2004

Transaction ID: 08142004 7C3751

Amount of Each Receipt this Period: 200.00

Receipt

[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
J. Michael Buffington

Mailing Address 2512 Miller Woods Ct.

City: Valrico | State: FL | Zip Code: 33594-

FEC ID number of contributing federal political committee: C

Name of Employer: Buffington, Inc.

Occupation: Harbour Pilot

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 350.00

Date of Receipt: 08 / 28 / 2004

Transaction ID: 08292004 52C3792

Amount of Each Receipt this Period: 100.00

Receipt

[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 2300.00

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

24020472019
24020472019

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 16 / 282

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial): Mark T. Farrell
Mailing Address: 5020 Bentgrass Circle
City: Ponte Vedra Beach State: FL Zip Code: 32082-
FEC ID number of contributing federal political committee: C
Name of Employer: Vestcor
Occupation: President
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 3000.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 07012000414C3860
Amount of Each Receipt this Period: 1000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial): Craig P. Parrino
Mailing Address: 17201 Karls Court
City: Tampa State: FL Zip Code: 33647-
FEC ID number of contributing federal political committee: C
Name of Employer: FECP Corp
Occupation: Engineer
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 4000.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 07012000414C3863
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial): Shea Hughes
Mailing Address: 604 Vanderbaker Road
City: Temple Terrace State: FL Zip Code: 33617-
FEC ID number of contributing federal political committee: C
Name of Employer: Sunrise Landscape
Occupation: Landscape Contractor
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 4000.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 07082000422C3931
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 5000.00

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

24020472020
24020472020

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 17 / 282
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Michael Murphy
Mailing Address 3911 Obispo St
City: Tampa State: FL Zip Code: 33629-
FEC ID number of contributing federal political committee: C
Name of Employer: FECP Corp
Occupation: Manager
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 4000.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 0701200414C3878
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
William J. Kardash
Mailing Address 208 Wild Oak Dr
City: Brandon State: FL Zip Code: 33511-
FEC ID number of contributing federal political committee: C
Name of Employer: FECP Corp
Occupation: Engineer
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 4000.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 0701200414C3865
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Michael S. Ryan
Mailing Address 13663 Blue Fox PL
City: Palm Beach Gardens State: FL Zip Code: 33418-
FEC ID number of contributing federal political committee: C
Name of Employer: FECP Corp/Cast Crete
Occupation: Sales Manager
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 4000.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 0701200414C3862
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 6000.00

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

24020472021
24020472021

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 18 / 282

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Charles K. Robb

Mailing Address 501 Riviera Dr

City: Tampa State: FL Zip Code: 33606-

FEC ID number of contributing federal political committee. C

Name of Employer: Fl Engineered Construction Pro

Occupation: Bldg Material Sales

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 4000.00

Date of Receipt: 06 / 30 / 2004

Transaction ID: 0701200414C3677

Amount of Each Receipt this Period: 2000.00

Receipt

[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Michael E. Bailey

Mailing Address 11645 Thonotosassa Rd

City: Thonotosassa State: FL Zip Code: 33592-

FEC ID number of contributing federal political committee. C

Name of Employer: Sunrise Landscape

Occupation: Landscaper

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 4000.00

Date of Receipt: 06 / 30 / 2004

Transaction ID: 0701200414C3664

Amount of Each Receipt this Period: 2000.00

Receipt

[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Ralph Hughes

Mailing Address 10909 Theresa Arbor Drive

City: Tampa State: FL Zip Code: 33617-

FEC ID number of contributing federal political committee. C

Name of Employer: FECP Corp

Occupation: Industrialist

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 8000.00

Date of Receipt: 06 / 22 / 2004

Transaction ID: 0625200426C3779

Amount of Each Receipt this Period: 4000.00

Receipt

[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 8000.00

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

24020472022
24020472022

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 19 / 282

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
John D. Stanton
Mailing Address 1107 Arevalo
City: Tampa State: FL Zip Code: 33623-
FEC ID number of contributing federal political committee. C
Name of Employer: FECP Corp
Occupation: Executive
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 4000.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 0701200414C3879
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Kimberly Kirley
Mailing Address 601 N Ashley Dr Ste 300
City: Tampa State: FL Zip Code: 33602-
FEC ID number of contributing federal political committee. C
Name of Employer: Homemaker
Occupation: Homemaker
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 6000.00

Date of Receipt: 06 / 28 / 2004
Transaction ID: 0629200452C3787
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
John F. Kirley
Mailing Address 601 N Ashley Dr Ste 300
City: Tampa State: FL Zip Code: 33602-
FEC ID number of contributing federal political committee. C
Name of Employer: Children First American
Occupation: President/Government Relations
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 6000.00

Date of Receipt: 06 / 28 / 2004
Transaction ID: 0629200452C3788
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 6000.00

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

24020472023
24020472023

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 282
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Emily Robinson
Mailing Address 2889 Hammock Dr
City: Plant City State: FL Zip Code: 33563-
FEC ID number of contributing federal political committee: C
Name of Employer: Salon 607
Occupation: Beautician
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 4000.00

Date of Receipt: 06 / 29 / 2004
Transaction ID: 0629200452C3803
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Hugh C. Robinson, III
Mailing Address 2889 Hammock Dr
City: Plant City State: FL Zip Code: 33563-
FEC ID number of contributing federal political committee: C
Name of Employer: Presto Food Services Inc.
Occupation: President
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 4000.00

Date of Receipt: 06 / 29 / 2004
Transaction ID: 0629200452C3802
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
John A. Burchfield
Mailing Address 10502 Royal Points Drive
City: Northport State: AL Zip Code: 35475-
FEC ID number of contributing federal political committee: C
Name of Employer: Northport Management
Occupation: Vice President
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 3000.00

Date of Receipt: 04 / 21 / 2004
Transaction ID: 0421200446C3559
Amount of Each Receipt this Period: 2000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 6000.00

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

24020472024
24020472024

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) [X] 11a [ ] 11b [ ] 11c [ ] 11d [ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial): John A. Burchfield
Mailing Address: 10502 Royal Points Drive
City: Northport State: AL Zip Code: 35475-
FEC ID number of contributing federal political committee: C
Name of Employer: Northport Management
Occupation: Vice President
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 3000.00

Date of Receipt: 04 / 21 / 2004
Transaction ID: 0421200446C3578
Amount of Each Receipt this Period: -1000.00
Redesignation FROM Memo
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Redesignate to General

B.
Full Name (Last, First, Middle Initial): John A. Burchfield
Mailing Address: 10502 Royal Points Drive
City: Northport State: AL Zip Code: 35475-
FEC ID number of contributing federal political committee: C
Name of Employer: Northport Management
Occupation: Vice President
Receipt For: 2004 [ ] Primary [X] General [ ] Other (specify)
Election Cycle-to-Date: 3000.00

Date of Receipt: 04 / 21 / 2004
Transaction ID: 0421200446C3579
Amount of Each Receipt this Period: 1000.00
Redesignation TO Memo
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Redesignate from Primary

C.
Full Name (Last, First, Middle Initial): John A. Burchfield
Mailing Address: 10502 Royal Points Drive
City: Northport State: AL Zip Code: 35475-
FEC ID number of contributing federal political committee: C
Name of Employer: Northport Management
Occupation: Vice President
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 4000.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 0701200414C3857
Amount of Each Receipt this Period: 1000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 1000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

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(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Rebecca Estes
Mailing Address 11142 Telmar Drive
City: Northport State: AL Zip Code: 35475-
FEC ID number of contributing federal political committee. C
Name of Employer: Homemaker
Occupation: Homemaker
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 6000.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 0701200414C3658
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
J. Norman Estes
Mailing Address 11142 Telmar Drive
City: Northport State: AL Zip Code: 35475-
FEC ID number of contributing federal political committee. C
Name of Employer: North Port Health Ser
Occupation: Executive
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 6000.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 0701200414C3659
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Dr. M.A. Abrahams
Mailing Address 680 N W 101st Ter
City: Plantation State: FL Zip Code: 33324-
FEC ID number of contributing federal political committee. C
Name of Employer: Michael Abrahams, M.D., P.A.
Occupation: Physician
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 04 / 08 / 2004
Transaction ID: 0413200414C3500
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 4500.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 282
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Arthur E. Keiser
Mailing Address 5997 N W 63rd Way
City: Parkland State: FL Zip Code: 33067-
FEC ID number of contributing federal political committee: C
Name of Employer: Keiser College
Occupation: President/Owner
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 3179.88

Date of Receipt: 06 / 30 / 2004
Transaction ID: 0702200453C3890
Amount of Each Receipt this Period: 725.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Robert A. Jaeb
Mailing Address PO Box 428
City: Mango State: FL Zip Code: 33550-
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Investor
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 8000.00

Date of Receipt: 06 / 28 / 2004
Transaction ID: 0629200452C3789
Amount of Each Receipt this Period: 4000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Lorena Jaeb
Mailing Address PO Box 428
City: Mango State: FL Zip Code: 33550-
FEC ID number of contributing federal political committee: C
Name of Employer: Retired
Occupation: Retired
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 8000.00

Date of Receipt: 06 / 28 / 2004
Transaction ID: 0629200452C3790
Amount of Each Receipt this Period: 4000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 8725.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

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[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Emilio D. Vergara
Mailing Address 5075 White Rd
City: Brooksville State: FL Zip Code: 34602-
FEC ID number of contributing federal political committee. C
Name of Employer: Mainstream
Occupation: Principal
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 3000.00

Date of Receipt: 04 / 09 / 2004
Transaction ID: 041320041C3518
Amount of Each Receipt this Period: 1000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Emilio D. Vergara
Mailing Address 5075 White Rd
City: Brooksville State: FL Zip Code: 34602-
FEC ID number of contributing federal political committee. C
Name of Employer: Mainstream
Occupation: Principal
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 3000.00

Date of Receipt: 04 / 19 / 2004
Transaction ID: 0421200446C3548
Amount of Each Receipt this Period: -1000.00
Redesignation FROM Memo
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
REDESIGNATE TO GENERAL

C.
Full Name (Last, First, Middle Initial)
Emilio D. Vergara
Mailing Address 5075 White Rd
City: Brooksville State: FL Zip Code: 34602-
FEC ID number of contributing federal political committee. C
Name of Employer: Mainstream
Occupation: Principal
Receipt For: 2004 [ ] Primary [X] General [ ] Other (specify)
Election Cycle-to-Date: 3000.00

Date of Receipt: 04 / 19 / 2004
Transaction ID: 0421200446C3549
Amount of Each Receipt this Period: 1000.00
Redesignation TO Memo
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
REDESIGNATE FROM PRIMARY

SUBTOTAL of Receipts This Page (optional) ▶ 1000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

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[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Emilio D. Vergara
Mailing Address 5075 White Rd
City: Brooksville State: FL Zip Code: 34602-
FEC ID number of contributing federal political committee. C
Name of Employer: Mainstream
Occupation: Principal
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 4000.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 0701200414C3875
Amount of Each Receipt this Period: 1000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Pamela S. Vergara
Mailing Address 5075 White Rd
City: Brooksville State: FL Zip Code: 34602-
FEC ID number of contributing federal political committee. C
Name of Employer: Skyshadow Ventures
Occupation: President
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 6000.00

Date of Receipt: 06 / 28 / 2004
Transaction ID: 0629200452C3793
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Richard L. Fulmer
Mailing Address 2712 Laurel Oak Dr.
City: Plant City State: FL Zip Code: 33566-
FEC ID number of contributing federal political committee. C
Name of Employer: Contractor Road
Occupation: President
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 4000.00

Date of Receipt: 06 / 28 / 2004
Transaction ID: 0629200452C3784
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 5000.00

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

24020472029
24020472029

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

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[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Mona K. Fulmer
Mailing Address 2712 Laurel Oak Dr.
City: Plant City State: FL Zip Code: 33566-
FEC ID number of contributing federal political committee: C
Name of Employer: Homemaker
Occupation: Homemaker
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 4000.00

Date of Receipt: 06 / 28 / 2004
Transaction ID: 0629200452C3785
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
James V. Bavinger , MD
Mailing Address 3206 Polo Place
City: Plant City State: FL Zip Code: 33567-
FEC ID number of contributing federal political committee: C
Name of Employer: Watson Clinic
Occupation: Physician
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1500.00

Date of Receipt: 05 / 05 / 2004
Transaction ID: 0511200445C3649
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Charles A. Masek, Jr.
Mailing Address 3108 Bruton Road
City: Plant City State: FL Zip Code: 33565-
FEC ID number of contributing federal political committee: C
Name of Employer: Van Guard Medical Concepts Inc
Occupation: President
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 6000.00

Date of Receipt: 06 / 28 / 2004
Transaction ID: 0629200452C3794
Amount of Each Receipt this Period: 4000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 6500.00

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

24020472030
24020472030

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 282
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
D. Howard Stitzel III
Mailing Address 2710 Laurel Oak Dr
City: Plant City State: FL Zip Code: 33567-
FEC ID number of contributing federal political committee: C
Name of Employer: The Stitzel Law Group
Occupation: Attorney
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 6000.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 07012D0414C3852
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Veronica P Stitzel
Mailing Address 2710 Laurel Oak Dr
City: Plant City State: FL Zip Code: 33567-
FEC ID number of contributing federal political committee: C
Name of Employer: The Stitzel Law Group
Occupation: Attorney
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 6000.00

Date of Receipt: 06 / 24 / 2004
Transaction ID: 0625D200426C3783
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
J. Thomas Solano
Mailing Address PO Box 18101
City: Jacksonville State: FL Zip Code: 32245-
FEC ID number of contributing federal political committee: C
Name of Employer: Information Systems of Florida
Occupation: President
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 4000.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 07012D0414C3880
Amount of Each Receipt this Period: 1000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 5000.00

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

24020472031
24020472031

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 282
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Douglas Hayward
Mailing Address 2788 Long Hill Rd
City: Guilford State: CT Zip Code: 06437-
FEC ID number of contributing federal political committee. C
Name of Employer: WellCare
Occupation: Executive
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 3500.00

Date of Receipt: 04 / 21 / 2004
Transaction ID: 0511200445C3597
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Douglas Hayward
Mailing Address 2788 Long Hill Rd
City: Guilford State: CT Zip Code: 06437-
FEC ID number of contributing federal political committee. C
Name of Employer: WellCare
Occupation: Executive
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 3000.00

Date of Receipt: 04 / 21 / 2004
Transaction ID: 0511200445C3607
Amount of Each Receipt this Period: -500.00
Reattribution Memo
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
REATTRIBUTION TO SPOUSE

C.
Full Name (Last, First, Middle Initial)
Heath G. Schiesser
Mailing Address 5416 Avenue Simone
City: Lutz State: FL Zip Code: 33558-
FEC ID number of contributing federal political committee. C
Name of Employer: WellCare
Occupation: Executive
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 04 / 21 / 2004
Transaction ID: 0511200445C3591
Amount of Each Receipt this Period: 1000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 1500.00

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

24020472032
24020472032

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 29 / 282

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Heath G. Schlesser
Mailing Address 5416 Avenue Simone
City: Lutz State: FL Zip Code: 33558-
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare
Occupation: Executive
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 5000.00

Date of Receipt: 04 / 21 / 2004
Transaction ID: 0511200445C3589
Amount of Each Receipt this Period: 3000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Heath G. Schlesser
Mailing Address 5416 Avenue Simone
City: Lutz State: FL Zip Code: 33558-
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare
Occupation: Executive
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 3000.00

Date of Receipt: 04 / 21 / 2004
Transaction ID: 0511200445C3603
Amount of Each Receipt this Period: -2000.00
Reattribution Memo
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
REATTRIBUTION TO SPOUSE

C. Full Name (Last, First, Middle Initial)
Heath G. Schlesser
Mailing Address 5416 Avenue Simone
City: Lutz State: FL Zip Code: 33558-
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare
Occupation: Executive
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 3000.00

Date of Receipt: 04 / 21 / 2004
Transaction ID: 0511200445C3605
Amount of Each Receipt this Period: -1000.00
Redesignation FROM Memo
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
REDESIGNATE TO GENERAL

SUBTOTAL of Receipts This Page (optional) ▶ 3000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) [X] 11a [ ] 11b [ ] 11c [ ] 11d [ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Heath G. Schlesser
Mailing Address 5416 Avenue Simone
City: Lutz State: FL Zip Code: 33558-
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare
Occupation: Executive
Receipt For: 2004 [ ] Primary [X] General [ ] Other (specify)
Election Cycle-to-Date: 3000.00

Date of Receipt: 04 / 21 / 2004
Transaction ID: 0511200445C3606
Amount of Each Receipt this Period: 1000.00
Redesignation TO Memo
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
REDESIGNATE FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
Theddeus Bereday
Mailing Address 851 Forestville Meadows Dr
City: Great Falls State: VA Zip Code: 22066-
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare
Occupation: Executive
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 3000.00

Date of Receipt: 04 / 21 / 2004
Transaction ID: 0511200445C3584
Amount of Each Receipt this Period: 1000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Theddeus Bereday
Mailing Address 851 Forestville Meadows Dr
City: Great Falls State: VA Zip Code: 22066-
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare
Occupation: Executive
Receipt For: 2004 [ ] Primary [X] General [ ] Other (specify)
Election Cycle-to-Date: 3000.00

Date of Receipt: 04 / 21 / 2004
Transaction ID: 0511200445C3610
Amount of Each Receipt this Period: 1000.00
Redesignation TO Memo
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
REDESIGNATE FROM PRIMARY

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1000.00

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

24020472034
24020472034

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 282
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[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Theddeus Beresky
Mailing Address 851 Forestville Meadows Dr
City: Great Falls State: VA Zip Code: 22066-
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare
Occupation: Executive
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 3000.00

Date of Receipt: 04 / 21 / 2004
Transaction ID: 0511200445C3609
Amount of Each Receipt this Period: -1000.00
Redesignation FROM Memo
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
REDESIGNATE TO GENERAL

B.
Full Name (Last, First, Middle Initial)
Dr. William L. Kale
Mailing Address 4937 Turtle Creek Trl
City: Oldsmar State: FL Zip Code: 34677-
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare
Occupation: Executive
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 04 / 21 / 2004
Transaction ID: 0511200445C3590
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Todd B. Farha
Mailing Address 67 East 11th Street, Apt 318
City: New York State: NY Zip Code: 10003-
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare
Occupation: Chief Executive Officer
Receipt For: 2004
[ ] Primary [X] General
[ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 04 / 21 / 2004
Transaction ID: 0511200445C3602
Amount of Each Receipt this Period: 2000.00
Redesignation TO Memo
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
REDESIGNATE FROM PRIMARY

SUBTOTAL of Receipts This Page (optional) ..... ▶ 500.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 32 / 262
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Todd S. Farha
Mailing Address 67 East 11th Street, Apt 318
City: New York State: NY Zip Code: 10003-
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare
Occupation: Chief Executive Officer
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 4000.00

Date of Receipt: 04 / 21 / 2004
Transaction ID: 0511200445C3588
Amount of Each Receipt this Period: 3000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Todd S. Farha
Mailing Address 67 East 11th Street, Apt 318
City: New York State: NY Zip Code: 10003-
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare
Occupation: Chief Executive Officer
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 4000.00

Date of Receipt: 04 / 21 / 2004
Transaction ID: 0511200445C3601
Amount of Each Receipt this Period: -2000.00
Redesignation FROM Memo
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
REDESIGNATE TO GENERAL

C. Full Name (Last, First, Middle Initial)
Gretchen A. Demartini
Mailing Address 2568 Frisco Drive
City: Clearwater State: FL Zip Code: 33761-
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare
Occupation: Executive
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1500.00

Date of Receipt: 04 / 21 / 2004
Transaction ID: 0511200445C3587
Amount of Each Receipt this Period: 1000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ..... ▶ 4000.00

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

24020472036
24020472036

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 33 / 282

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Brendan R. Shanahan
Mailing Address 14 Twin Walls Ln
City: Weston State: CT Zip Code: 06883-
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare
Occupation: Executive
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 3000.00

Date of Receipt: 04 / 21 / 2004
Transaction ID: 0511200445C3586
Amount of Each Receipt this Period: 1000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Brendan R. Shanahan
Mailing Address 14 Twin Walls Ln
City: Weston State: CT Zip Code: 06883-
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare
Occupation: Executive
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 04 / 21 / 2004
Transaction ID: 0511200445C3598
Amount of Each Receipt this Period: -1000.00
Reattribution Memo
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
REATTRIBUTION TO SPOUSE

C.
Full Name (Last, First, Middle Initial)
Renzey L. Samaral
Mailing Address PO Box 341
City: Micanopy State: FL Zip Code: 32667-
FEC ID number of contributing federal political committee: C
Name of Employer: Green Scapes Property Mgt
Occupation: Owner/Mgr Property Mgt
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 06 / 29 / 2004
Transaction ID: 0701200414C3822
Amount of Each Receipt this Period: 100.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 1100.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 34 / 282
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
William G. Ulbricht
Mailing Address 2403 Clubhouse Dr
City: Plant City State: FL Zip Code: 33567-
FEC ID number of contributing federal political committee: C
Name of Employer: Baycare
Occupation: Hospital Administrator
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1500.00

Date of Receipt: 05 / 05 / 2004
Transaction ID: 0511200445C3655
Amount of Each Receipt this Period: -500.00
Realtribution Memo
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
REATTRIBUTION TO SPOUSE

B. Full Name (Last, First, Middle Initial)
William G. Ulbricht
Mailing Address 2403 Clubhouse Dr
City: Plant City State: FL Zip Code: 33567-
FEC ID number of contributing federal political committee: C
Name of Employer: Baycare
Occupation: Hospital Administrator
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 05 / 05 / 2004
Transaction ID: 0511200445C3648
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
W. Bernard Lester
Mailing Address P. O. Box 178
City: LaBelle State: FL Zip Code: 33975-
FEC ID number of contributing federal political committee: C
Name of Employer: Alico, Inc.
Occupation: Agri Business
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 04 / 28 / 2004
Transaction ID: 0511200445C3640
Amount of Each Receipt this Period: 250.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 262
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Daniel D. Reuterson
Mailing Address 2911 Aston Ave.
City: Plant City State: FL Zip Code: 33567-
FEC ID number of contributing federal political committee: C
Name of Employer: Edwards, Pratt, Reuterson & Co
Occupation: Certified Public Accountant
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 6000.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 0708200422C3927
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Shirley D. Reuterson
Mailing Address 2911 Aston Ave.
City: Plant City State: FL Zip Code: 33567-
FEC ID number of contributing federal political committee: C
Name of Employer: Homemaker
Occupation: Homemaker
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 6000.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 0708200422C3928
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Lee F. Pafferdy, III
Mailing Address 609 E. Jackson St.
City: Tampa State: FL Zip Code: 33602-
FEC ID number of contributing federal political committee: C
Name of Employer: Lee Pafferdy, Inc
Occupation: President
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 4000.00

Date of Receipt: 06 / 28 / 2004
Transaction ID: 0629200452C3804
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 6000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 36 / 282

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Douglas P. Manson
Mailing Address 2308 S. Lila Lane
City: Tampa State: FL Zip Code: 33629-
FEC ID number of contributing federal political committee: C
Name of Employer: Carey, OMalley, Whitaker & Man
Occupation: Attorney
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 4000.00

Date of Receipt: 04 / 09 / 2004
Transaction ID: 041320041C3522
Amount of Each Receipt this Period: 2000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Douglas P. Manson
Mailing Address 2308 S. Lila Lane
City: Tampa State: FL Zip Code: 33629-
FEC ID number of contributing federal political committee: C
Name of Employer: Carey, OMalley, Whitaker & Man
Occupation: Attorney
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 04 / 13 / 2004
Transaction ID: 041320041C3537
Amount of Each Receipt this Period: -2000.00
Reattribution Memo
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
REATTRIBUTION TO SPOUSE

C. Full Name (Last, First, Middle Initial)
Robert B. Hill
Mailing Address 4576 S. Lake Dr.
City: Boynton Beach State: FL Zip Code: 33436-
FEC ID number of contributing federal political committee: C
Name of Employer: Bethesda Healthcare System
Occupation: Management
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 1500.00

Date of Receipt: 04 / 21 / 2004
Transaction ID: 051120044 5C3B11
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 2500.00

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

24020472040
24020472040

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 37 / 262
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Thomas F. Panza
Mailing Address 3600 N. Federal Highway, Third Flo
City: Fort Lauderdale State: FL Zip Code: 33308-
FEC ID number of contributing federal political committee. C
Name of Employer: Panza, Maurer, Maynard & Neel
Occupation: Attorney
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 0.00

Date of Receipt: 05 / 05 / 2004
Transaction ID: 0511200445C3657
Amount of Each Receipt this Period: -2000.00
Reattribution Memo
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
REATTRIBUTION TO SPOUSE

B.
Full Name (Last, First, Middle Initial)
Thomas F. Panza
Mailing Address 3600 N. Federal Highway, Third Flo
City: Fort Lauderdale State: FL Zip Code: 33308-
FEC ID number of contributing federal political committee. C
Name of Employer: Panza, Maurer, Maynard & Neel
Occupation: Attorney
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 05 / 05 / 2004
Transaction ID: 0511200445C3653
Amount of Each Receipt this Period: 2000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Brian D. Ballard
Mailing Address 403 East Park Ave.
City: Tallahassee State: FL Zip Code: 32301-
FEC ID number of contributing federal political committee. C
Name of Employer: Smith & Ballard
Occupation: Lobbyist/Attorney
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 4000.00

Date of Receipt: 05 / 05 / 2004
Transaction ID: 0511200445C3654
Amount of Each Receipt this Period: 2000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 4000.00

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

24020472041
24020472041

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 38 / 282

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Brian D. Ballard
Mailing Address 403 East Park Ave.
City: Tallahassee State: FL Zip Code: 32301-
FEC ID number of contributing federal political committee: C
Name of Employer: Smith & Ballard
Occupation: Lobbyist/Attorney
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 05 / 05 / 2004
Transaction ID: 0511200445C3659
Amount of Each Receipt this Period: -2000.00
Reattribution Memo
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
REATTRIBUTION TO SPOUSE

B.
Full Name (Last, First, Middle Initial)
Wenda A. Lewis
Mailing Address 8008 SW 47th Ct.
City: Gainesville State: FL Zip Code: 32608-
FEC ID number of contributing federal political committee: C
Name of Employer: Lewis Oil Company
Occupation: Vice President
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 1100.00

Date of Receipt: 06 / 29 / 2004
Transaction ID: 0701200414C3817
Amount of Each Receipt this Period: 100.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Frederick V. Miller, MD, MHA, MBA
Mailing Address 12709 NW15th St.
City: Coral Springs State: FL Zip Code: 33071-
FEC ID number of contributing federal political committee: C
Name of Employer: Pediatrix Medical Group, Inc.
Occupation: Physician Executive
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 4000.00

Date of Receipt: 06 / 29 / 2004
Transaction ID: 0629200452C3815
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 2100.00

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

24020472042
24020472042

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 282
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
B.M. SMITH, JR.
Mailing Address P. O. BOX 1283
City: Plant City State: FL Zip Code: 33564-1283
FEC ID number of contributing federal political committee: C
Name of Employer: Retired
Occupation: Retired
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 600.00
Date of Receipt: 06 / 11 / 2004
Transaction ID: 061420047C3752
Amount of Each Receipt this Period: 100.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Alan Reynolds
Mailing Address 5440 - 12 th Ave. SW
City: Naples State: FL Zip Code: 34116-
FEC ID number of contributing federal political committee: C
Name of Employer: Wilson Miller, Inc.
Occupation: chairman/CEO
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 700.00
Date of Receipt: 04 / 19 / 2004
Transaction ID: 0421200446C3552
Amount of Each Receipt this Period: 200.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Akshay Desai
Mailing Address 150 2nd Ave. N., Suite 810
City: Saint Petersburg State: FL Zip Code: 33701-
FEC ID number of contributing federal political committee: C
Name of Employer: American Family &Geriatric
Occupation: President/CEO
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 2000.00
Date of Receipt: 04 / 02 / 2004
Transaction ID: 041320041C3478
Amount of Each Receipt this Period: 1000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 1300.00

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

24020472043
24020472043

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 282
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Robert J. Maddalon
Mailing Address 903 Mariner Way
City: Tampa State: FL Zip Code: 33602-
FEC ID number of contributing federal political committee: C
Name of Employer: Brandon Orthopaedic Assoc
Occupation: Physician
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 4000.00

Date of Receipt: 06 / 29 / 2004
Transaction ID: 0701200414C3856
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Dr. Anand Mathai Kuruvilla
Mailing Address 2414 State Road 13
City: Jacksonville State: FL Zip Code: 32259-9260
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Physician
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 600.00

Date of Receipt: 06 / 22 / 2004
Transaction ID: 0625200426C3774
Amount of Each Receipt this Period: 100.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Thomas J. Rice, III
Mailing Address 13130 Placida Point Court
City: Placida State: FL Zip Code: 33946-
FEC ID number of contributing federal political committee: C
Name of Employer: HCA
Occupation: Health Care Administrator
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 350.00

Date of Receipt: 06 / 29 / 2004
Transaction ID: 0701200414C3837
Amount of Each Receipt this Period: 250.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 2350.00

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

24020472044
24020472044

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 41 / 282
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Eli N Lerner, MD
Mailing Address 8701 52nd Avenue East
City: Bradenton State: FL Zip Code: 34202-
FEC ID number of contributing federal political committee. C
Name of Employer: South Bay Surgical Group
Occupation: Surgeon
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 600.00
Date of Receipt: 04 / 09 / 2004
Transaction ID: 041320041C3525
Amount of Each Receipt this Period: 100.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Joseph P. Walker, M.D.
Mailing Address 1205 Lynwood Avenue
City: Fort Myers State: FL Zip Code: 33901-
FEC ID number of contributing federal political committee. C
Name of Employer: Retina Consultants of SW FL
Occupation: Physician
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1750.00
Date of Receipt: 08 / 28 / 2004
Transaction ID: 070120041 4C3829
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Jay G. Green
Mailing Address 4621 N. Larkin St.
City: Whitefish Bay State: WI Zip Code: 53211-
FEC ID number of contributing federal political committee. C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00
Date of Receipt: 04 / 21 / 2004
Transaction ID: 051120044 5C3583
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 1100.00

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

24020472045
24020472045

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 42 / 282
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Christine D. Shanahan
Mailing Address 14 Twin Walls Ln.
City: Weston State: CT Zip Code: 06883-
FEC ID number of contributing federal political committee. C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 04 / 21 / 2004
Transaction ID: 0511200445C3600
Amount of Each Receipt this Period: 1000.00
Memo
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

B.
Full Name (Last, First, Middle Initial)
J. Thomas Dodson
Mailing Address 24400 Marsh Landing Pkwy.
City: Ponte Vedra Beach State: FL Zip Code: 32082-
FEC ID number of contributing federal political committee. C
Name of Employer: Queens Harbor/Bankrom Park
Occupation: Real Estate
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 3000.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 0708200422C3929
Amount of Each Receipt this Period: 1000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
John P. Redding
Mailing Address 6 Sleepy Hollow Rd
City: Guilford State: CT Zip Code: 06437-
FEC ID number of contributing federal political committee. C
Name of Employer: Chase Enterprises
Occupation: Executive Vice President
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 4000.00

Date of Receipt: 06 / 29 / 2004
Transaction ID: 0629200452C3806
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 3000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 43 / 282

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
David T. Chase
Mailing Address 280 Trumbull St., 24th Fl.
City: Hartford State: CT Zip Code: 06103-
FEC ID number of contributing federal political committee. C
Name of Employer: Chase Enterprises
Occupation: President
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 3000.00

Date of Receipt: 06 / 28 / 2004
Transaction ID: 0629200452C3801
Amount of Each Receipt this Period: 1000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
David T. Chase
Mailing Address 280 Trumbull St., 24th Fl.
City: Hartford State: CT Zip Code: 06103-
FEC ID number of contributing federal political committee. C
Name of Employer: Chase Enterprises
Occupation: President
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 5000.00

Date of Receipt: 06 / 29 / 2004
Transaction ID: 0629200452C3808
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Cheryl A. Chase
Mailing Address 280 Trumbull St., 24th Fl.
City: Hartford State: CT Zip Code: 06103-
FEC ID number of contributing federal political committee. C
Name of Employer: Chase Enterprises
Occupation: Attorney
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 3000.00

Date of Receipt: 06 / 28 / 2004
Transaction ID: 0629200452C3797
Amount of Each Receipt this Period: 1000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 4000.00

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

24020472047
24020472047

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 44 / 282

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Cheryl A. Chase
Mailing Address 280 Trumbull St., 24th Fl.
City: Hartford State: CT Zip Code: 06103-
FEC ID number of contributing federal political committee: C
Name of Employer: Chase Enterprises
Occupation: Attorney
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 5000.00

Date of Receipt: 06 / 29 / 2004
Transaction ID: 06292004452C3811
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Sandra M. Chase
Mailing Address 280 Trumbull St., 24th Fl.
City: Hartford State: CT Zip Code: 06103-
FEC ID number of contributing federal political committee: C
Name of Employer: Homemaker
Occupation: Homemaker
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 3000.00

Date of Receipt: 06 / 28 / 2004
Transaction ID: 06292004452C3798
Amount of Each Receipt this Period: 1000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Sandra M. Chase
Mailing Address 280 Trumbull St., 24th Fl.
City: Hartford State: CT Zip Code: 06103-
FEC ID number of contributing federal political committee: C
Name of Employer: Homemaker
Occupation: Homemaker
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 5000.00

Date of Receipt: 06 / 29 / 2004
Transaction ID: 06292004452C381D
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 5000.00

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

24020472048
24020472048

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 282
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Arnold L. Chase
Mailing Address 280 Trumbull St., 24th Fl.
City: Hartford State: CT Zip Code: 06103-
FEC ID number of contributing federal political committee: C
Name of Employer: Chase Enterprises
Occupation: Vice President
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 3000.00

Date of Receipt: 06 / 28 / 2004
Transaction ID: 0629200452C3799
Amount of Each Receipt this Period: 1000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Arnold L. Chase
Mailing Address 280 Trumbull St., 24th Fl.
City: Hartford State: CT Zip Code: 06103-
FEC ID number of contributing federal political committee: C
Name of Employer: Chase Enterprises
Occupation: Vice President
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 5000.00

Date of Receipt: 06 / 29 / 2004
Transaction ID: 0629200452C3809
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Rhoda L. Chase
Mailing Address 280 Trumbull St., 24th Fl.
City: Hartford State: CT Zip Code: 06103-
FEC ID number of contributing federal political committee: C
Name of Employer: Homemaker
Occupation: Homemaker
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 3000.00

Date of Receipt: 06 / 28 / 2004
Transaction ID: 0629200452C3800
Amount of Each Receipt this Period: 1000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 4000.00

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

24020472049
24020472049

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 46 / 282

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Rhoda L. Chase

Mailing Address 280 Trumbull St., 24th Fl.

City: Hartford State: CT Zip Code: 06103-

FEC ID number of contributing federal political committee. C

Name of Employer: Homemaker
Occupation: Homemaker

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 5000.00

Date of Receipt: 08 / 29 / 2004

Transaction ID: 0829200452C3807

Amount of Each Receipt this Period: 2000.00

Receipt

[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Traci Cash

Mailing Address 271 Chelsea Dr.

City: Crawfordville State: FL Zip Code: 32327-

FEC ID number of contributing federal political committee. C

Name of Employer: Self Employed
Occupation: Certified Public Accountant

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 2000.00

Date of Receipt: 05 / 21 / 2004

Transaction ID: 0811200417C3708

Amount of Each Receipt this Period: 1000.00

Receipt

[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Kimbell W. Wetherington

Mailing Address 2107 E. Trapnell Rd

City: Plant City State: FL Zip Code: 33566-

FEC ID number of contributing federal political committee. C

Name of Employer: WTS, Inc.
Occupation: Owner Contractor

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 6000.00

Date of Receipt: 06 / 30 / 2004

Transaction ID: 0701200414C3873

Amount of Each Receipt this Period: 2000.00

Receipt

[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 5000.00

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

24020472050
24020472050

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 47 / 282

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Vickie L. Wetherington
Mailing Address 2107 E. Trapnell Rd.
City: Plant City State: FL Zip Code: 33566-
FEC ID number of contributing federal political committee: C
Name of Employer: Homemaker
Occupation: Homemaker
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 6000.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 0701200414C3872
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Belen Collantes Mila
Mailing Address P.O. Box 20023
City: Tallahassee State: FL Zip Code: 32316-
FEC ID number of contributing federal political committee: C
Name of Employer: Retired
Occupation: Retired
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 2500.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 0702200453C3896
Amount of Each Receipt this Period: 500.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Joseph Cestano
Mailing Address 17202 Talence Ct.
City: Tampa State: FL Zip Code: 33647-
FEC ID number of contributing federal political committee: C
Name of Employer: Bostonian Hair Studio
Occupation: Hair Salon
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 1500.00

Date of Receipt: 06 / 19 / 2004
Transaction ID: D621200427C3768
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 3000.00

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

24020472051
24020472051

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 48 / 262
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Blane Crandall
Mailing Address 777 Wedge Drive
City: Naples State: FL Zip Code: 34109-
FEC ID number of contributing federal political committee. C
Name of Employer: Blane Crandall, MD PA
Occupation: Physician
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 4000.00

Date of Receipt: 06 / 29 / 2004
Transaction ID: 07D1200414C3818
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Robert N. Spencer, IV
Mailing Address 4820 Riverview Blvd.
City: Bradenton State: FL Zip Code: 34209-
FEC ID number of contributing federal political committee. C
Name of Employer: West Coast Tomato
Occupation: Sales
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 04 / 09 / 2004
Transaction ID: 041320041C3515
Amount of Each Receipt this Period: 1000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Hugh E. McGuire
Mailing Address 11690 Erie Rd.
City: Parrish State: FL Zip Code: 34219-
FEC ID number of contributing federal political committee. C
Name of Employer: Self Employed
Occupation: Attorney
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1250.00

Date of Receipt: 04 / 08 / 2004
Transaction ID: 0421200446C3557
Amount of Each Receipt this Period: 250.00
In-Kind
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Event Food & Drink

SUBTOTAL of Receipts This Page (optional) ▶ 3250.00

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

24020472052
24020472052

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 49 / 282
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Jose J. Armas, MD
Mailing Address 1798 NW 21st Ter
City: Miami State: FL Zip Code: 33142-
FEC ID number of contributing federal political committee: C
Name of Employer: Medical Care Consortium, Inc.
Occupation: Certified Public Accountant
Receipt For: 2004
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 3000.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 0702200453C3899
Amount of Each Receipt this Period: 1000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Scott D. Walls
Mailing Address 696 Oak Hollow Way
City: Altamonte Springs State: FL Zip Code: 32714-
FEC ID number of contributing federal political committee: C
Name of Employer: AKCA, Inc.
Occupation: Manager
Receipt For: 2004
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 4000.00

Date of Receipt: 06 / 28 / 2004
Transaction ID: 0629200452C3786
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Joseph Gaula
Mailing Address 5941 20th Ave. NW
City: Naples State: FL Zip Code: 34119-
FEC ID number of contributing federal political committee: C
Name of Employer: Joseph Gaula MD PA
Occupation: Physician
Receipt For: 2004
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 4000.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 0701200414C3854
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 5000.00

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

24020472053
24020472053

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

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(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (in Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Luciano Boemi, MD
Mailing Address 11181 Health Park Blvd., Suite #30
City: Naples State: FL Zip Code: 34110-
FEC ID number of contributing federal political committee. C
Name of Employer: Self Employed
Occupation: Physician
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 4000.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 07012004 14C3850
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Jon F. Strohmeyer, MD
Mailing Address 1900 8th St. S.
City: Naples State: FL Zip Code: 34102-
FEC ID number of contributing federal political committee. C
Name of Employer: Self Employed
Occupation: Physician
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 5000.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 07012004 14C3853
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Jonathon R. Dobre
Mailing Address 3428 Dover Rd.
City: Pompano Beach State: FL Zip Code: 33062-2925
FEC ID number of contributing federal political committee. C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 400.00

Date of Receipt: 05 / 21 / 2004
Transaction ID: 08112004 17C3704
Amount of Each Receipt this Period: 250.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 4250.00

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

24020472054
24020472054

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 51 / 282

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Cassio J. Boemi

Mailing Address 11181 Health Park Blvd., Ste. #303

City: Naples State: FL Zip Code: 34110-

FEC ID number of contributing federal political committee. C

Name of Employer: Dr Boemi
Occupation: Office Manager

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 4000.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 07012004 14C3851
Amount of Each Receipt this Period: 2000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Tamara Fox Meyerson

Mailing Address 6381 Alligon Rd.

City: Miami Beach State: FL Zip Code: 33141-

FEC ID number of contributing federal political committee. C

Name of Employer: Preferred Medical Plans
Occupation: CEO

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 3000.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 07022004 53C3884
Amount of Each Receipt this Period: 1000.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Jack C. Jawitz

Mailing Address 2919 26th St. W.

City: Bradenton State: FL Zip Code: 34205-

FEC ID number of contributing federal political committee. C

Name of Employer: Self Employed
Occupation: Physician

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 450.00

Date of Receipt: 04 / 08 / 2004
Transaction ID: 04132004 1C3527
Amount of Each Receipt this Period: 250.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 3250.00

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

24020472055
24020472055

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 52 / 282

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
John Van Lindt
Mailing Address 261 Highbrook Ave.
City: Pelham State: NY Zip Code: 10803-
FEC ID number of contributing federal political committee. C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 2000.00
Date of Receipt: 04 / 21 / 2004
Transaction ID: D4212004 46C3559
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
M. Erick Burton
Mailing Address 6181 Tidewater Island Circle
City: Fort Myers State: FL Zip Code: 33908-
FEC ID number of contributing federal political committee. C
Name of Employer: Southwest Florida Heart Group
Occupation: Cardiologist
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 750.00
Date of Receipt: 06 / 29 / 2004
Transaction ID: 0701200414C3828
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Randolph J. Krifio
Mailing Address 13400 Ponderosa Way
City: Ft. Myers State: FL Zip Code: 33907-7853
FEC ID number of contributing federal political committee. C
Name of Employer: Radiology Regional Center
Occupation: Physician
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00
Date of Receipt: 06 / 29 / 2004
Transaction ID: 0701200414C3826
Amount of Each Receipt this Period: 400.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 1400.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 53 / 282
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Jose E. Garcia, Jr.
Mailing Address 1885 S. Ocean Dr., Apt. 2-I
City: Hallandale Beach State: FL Zip Code: 33009-7607
FEC ID number of contributing federal political committee: C
Name of Employer: American Care
Occupation: Physician/President
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 700.00

Date of Receipt: 05 / 07 / 2004
Transaction ID: 0511200445C3681
Amount of Each Receipt this Period: 200.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mark J. Gillis
Mailing Address 5649 Tallowood Cir.
City: Fort Myers State: FL Zip Code: 33919-
FEC ID number of contributing federal political committee: C
Name of Employer: Davis Plummer & Associates
Occupation: Transportation Planner
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 04 / 15 / 2004
Transaction ID: 0421200446C3551
Amount of Each Receipt this Period: 125.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Jennifer Agee
Mailing Address 1004 Shelby Forest Trace
City: Chelsea State: AL Zip Code: 35043-
FEC ID number of contributing federal political committee: C
Name of Employer: Northport Management LLC
Occupation: Administrator
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 04 / 21 / 2004
Transaction ID: 0421200446C3580
Amount of Each Receipt this Period: -1000.00
Redesignation FROM Memo
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Redesignate to General

SUBTOTAL of Receipts This Page (optional) ▶ 325.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 54 / 282
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Jennifer Apes
Mailing Address 1004 Shelby Forest Trace
City: Chelsea State: AL Zip Code: 35043-
FEC ID number of contributing federal political committee. C
Name of Employer: Northport Management LLC
Occupation: Administrator
Receipt For: 2004
[ ] Primary [X] General
[ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 04 / 21 / 2004
Transaction ID: 04212004466C3581
Amount of Each Receipt this Period: 1000.00
Redesignation TO Memo
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Redesignate from Primary

B.
Full Name (Last, First, Middle Initial)
Jennifer Apes
Mailing Address 1004 Shelby Forest Trace
City: Chelsea State: AL Zip Code: 35043-
FEC ID number of contributing federal political committee. C
Name of Employer: Northport Management LLC
Occupation: Administrator
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 3000.00

Date of Receipt: 04 / 21 / 2004
Transaction ID: 04212004466C3570
Amount of Each Receipt this Period: 2000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Judy A. Warrington
Mailing Address 1201 McDuffie St., Apt. 137
City: Houston State: TX Zip Code: 77019-3619
FEC ID number of contributing federal political committee. C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 03 / 31 / 2004
Transaction ID: 453
Amount of Each Receipt this Period: 250.00
MEMO
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Supporting Info from Prev. Period

SUBTOTAL of Receipts This Page (optional) ▶ 2000.00

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

24020472058
24020472058

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 282
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Judy A. Warrington
Mailing Address 1201 McDuffie St., Apt. 137
City: Houston State: TX Zip Code: 77019-3519
FEC ID number of contributing federal political committee. C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 0.00

Date of Receipt: 04 / 22 / 2004
Transaction ID: 0511200445C3816
Amount of Each Receipt this Period: -250.00
Reattribution Memo
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
REATTRIBUTION TO SPOUSE

B.
Full Name (Last, First, Middle Initial)
Jualene O'Hara Lewis
Mailing Address 2802 NW 4th Ln.
City: Gainesville State: FL Zip Code: 32607-
FEC ID number of contributing federal political committee. C
Name of Employer: Retired
Occupation: Retired
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 450.00

Date of Receipt: 06 / 29 / 2004
Transaction ID: 07D1200414C3821
Amount of Each Receipt this Period: 250.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Christopher M. Gould
Mailing Address 5435 Silver Charm Terrace
City: Wesley Chapel State: FL Zip Code: 33544-
FEC ID number of contributing federal political committee. C
Name of Employer: Salem Communications
Occupation: General Manager
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 04 / 01 / 2004
Transaction ID: 0413200441C3475
Amount of Each Receipt this Period: 250.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 500.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 282
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Mike Hawker
Mailing Address 17655 Henderson Pass, Apt. 1426
City: San Antonio State: TX Zip Code: 78232-
FEC ID number of contributing federal political committee: C
Name of Employer: Diamond Back Mgmt. Service
Occupation: CFO
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 04 / 08 / 2004
Transaction ID: 041320041C3481
Amount of Each Receipt this Period: 2000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Max G. Jackson
Mailing Address 18515 Beech Crk.
City: San Antonio State: TX Zip Code: 78259-
FEC ID number of contributing federal political committee: C
Name of Employer: DMS, Ltd.
Occupation: Vice President
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 04 / 08 / 2004
Transaction ID: 041320041C3482
Amount of Each Receipt this Period: 2000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
K. Renee Jackson
Mailing Address 9327 N. Fairmont Cir.
City: Collierville State: TN Zip Code: 38017-3588
FEC ID number of contributing federal political committee: C
Name of Employer: Dr. Gregory Wilkinson
Occupation: Dental Hygienist
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 04 / 08 / 2004
Transaction ID: 041320041C3483
Amount of Each Receipt this Period: 2000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 6000.00

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

24020472060
24020472060

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 57 / 282

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Donna V. Jackson
Mailing Address 18515 Beech Creek
City: San Antonio State: TX Zip Code: 78259-
FEC ID number of contributing federal political committee. C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 04 / 08 / 2004
Transaction ID: 041320041C3484
Amount of Each Receipt this Period: 2000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Edwin G. Brown
Mailing Address 132 Little Creek Dr.
City: Crawfordville State: FL Zip Code: 32327-
FEC ID number of contributing federal political committee. C
Name of Employer: Self Employed
Occupation: Surveyor
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 04 / 08 / 2004
Transaction ID: 041320041C3485
Amount of Each Receipt this Period: 2000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Jerry Cash
Mailing Address 271 Chelsea Dr.
City: Crawfordville State: FL Zip Code: 32327-
FEC ID number of contributing federal political committee. C
Name of Employer: Self Employed
Occupation: Contractor
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 04 / 08 / 2004
Transaction ID: 041320041C3486
Amount of Each Receipt this Period: 2000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 6000.00

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

24020472061
24020472061

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) | PAGE 58 / 282

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Joel Overton
Mailing Address 3262 Foley Dr.
City: Tallahassee State: FL Zip Code: 32309-
FEC ID number of contributing federal political committee: C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00
Date of Receipt: 04 / 08 / 2004
Transaction ID: 041320041C3487
Amount of Each Receipt this Period: 1000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Jeffrey A. Gottman
Mailing Address 630 Ramona Dr.
City: Corona Del Mar State: CA Zip Code: 92625-
FEC ID number of contributing federal political committee: C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00
Date of Receipt: 04 / 08 / 2004
Transaction ID: 041320041C3498
Amount of Each Receipt this Period: 1000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Robert F. Fenton
Mailing Address 5940 Sonoma Ct.
City: Naples State: FL Zip Code: 34113-
FEC ID number of contributing federal political committee: C
Name of Employer: Fenton Davis
Occupation: Owner
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00
Date of Receipt: 04 / 08 / 2004
Transaction ID: 041320041C3499
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 2500.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 59 / 282

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
James G. Hammer
Mailing Address 5107 Kensington High St.
City: Naples State: FL Zip Code: 34105-
FEC ID number of contributing federal political committee. C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 04 / 08 / 2004
Transaction ID: 041320041C3501
Amount of Each Receipt this Period: 250.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Ingrid E. Balocco
Mailing Address 1315 SE 11th Ct.
City: Fort Lauderdale State: FL Zip Code: 33316-
FEC ID number of contributing federal political committee. C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 04 / 08 / 2004
Transaction ID: 041320041C3502
Amount of Each Receipt this Period: 250.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
David Lopez
Mailing Address 18695 NW 84 Ct.
City: Miami Lakes State: FL Zip Code: 33016-6175
FEC ID number of contributing federal political committee. C
Name of Employer: D.P.C. General Contractors Inc
Occupation: Secretary/Treasurer
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 04 / 08 / 2004
Transaction ID: 041320041C3503
Amount of Each Receipt this Period: 1000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 1500.00

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

24020472063
24020472063

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 282
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Tandy Bowers
Mailing Address 8539 Northview Pass
City: Fair Oaks Ranch | State: TX | Zip Code: 78015-
FEC ID number of contributing federal political committee. C
Name of Employer: Retired
Occupation: Retired
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 04 / 08 / 2004
Transaction ID: 041320041C3504
Amount of Each Receipt this Period: 2000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Mrs. Robert L. Bowers
Mailing Address 200 Patterson Ave., #708
City: San Antonio | State: TX | Zip Code: 78209-6288
FEC ID number of contributing federal political committee. C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 04 / 08 / 2004
Transaction ID: 041320041C3505
Amount of Each Receipt this Period: 2000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Robert L. Bowers
Mailing Address 845 Proton Rd.
City: San Antonio | State: TX | Zip Code: 78258-
FEC ID number of contributing federal political committee. C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 04 / 08 / 2004
Transaction ID: 041320041C3506
Amount of Each Receipt this Period: 2000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 6000.00

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

24020472064
24020472064

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 61 / 282

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Gary L. Bowers
Mailing Address 845 Proton Rd.
City: San Antonio State: TX Zip Code: 78258-4203
FEC ID number of contributing federal political committee: C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 2000.00
Date of Receipt: 04 / 08 / 2004
Transaction ID: 041320041C3508
Amount of Each Receipt this Period: 2000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Henry L. Bowers
Mailing Address 319 Stone Wood
City: San Antonio State: TX Zip Code: 78216-1623
FEC ID number of contributing federal political committee: C
Name of Employer: Diamond Back Mgmt. Services
Occupation: Vice President
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 2000.00
Date of Receipt: 04 / 08 / 2004
Transaction ID: 041320041C3509
Amount of Each Receipt this Period: 2000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
L. Denise Bowers
Mailing Address 319 Stone Wood
City: San Antonio State: TX Zip Code: 78216-1623
FEC ID number of contributing federal political committee: C
Name of Employer: Ldn Properties
Occupation: President/Owner
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 2000.00
Date of Receipt: 04 / 08 / 2004
Transaction ID: 041320041C3510
Amount of Each Receipt this Period: 2000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 6000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 62 / 282
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Philip L. Weller, Jr.
Mailing Address 2309 Watrous Ave.
City: Tampa State: FL Zip Code: 33629-
FEC ID number of contributing federal political committee: C
Name of Employer: MWH
Occupation: Engineer
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 04 / 09 / 2004
Transaction ID: 041320041C3513
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Carol A. Masio McGuire
Mailing Address 11690 Erie Rd.
City: Parrish State: FL Zip Code: 34219-
FEC ID number of contributing federal political committee: C
Name of Employer: Holland & Knight LLP
Occupation: Attorney
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 04 / 08 / 2004
Transaction ID: 0421200446C3558
Amount of Each Receipt this Period: 250.00
In-Kind
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Event Food & Drink

C.
Full Name (Last, First, Middle Initial)
Carol A. Masio McGuire
Mailing Address 11690 Erie Rd.
City: Parrish State: FL Zip Code: 34219-
FEC ID number of contributing federal political committee: C
Name of Employer: Holland & Knight LLP
Occupation: Attorney
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 750.00

Date of Receipt: 04 / 09 / 2004
Transaction ID: 041320041C3514
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 1250.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 63 / 282

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Patrick J. Lehman
Mailing Address 9113 Cypresswood Circle
City: Tampa State: FL Zip Code: 33647-
FEC ID number of contributing federal political committee: C
Name of Employer: Peace River Regional Water
Occupation: Executive Director
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 04 / 09 / 2004
Transaction ID: 041320041C3516
Amount of Each Receipt this Period: 250.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Britton H. Williams
Mailing Address 113 30th St. W.
City: Bradenton State: FL Zip Code: 34205-4244
FEC ID number of contributing federal political committee: C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 04 / 09 / 2004
Transaction ID: 041320041C3517
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Pamela Falkner
Mailing Address 52414 M-51 Hwy., W.
City: Decatur State: MI Zip Code: 49045-
FEC ID number of contributing federal political committee: C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 04 / 09 / 2004
Transaction ID: 041320041C3519
Amount of Each Receipt this Period: 1000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 1750.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 54 / 282

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Joe Harrison

Mailing Address 124 40th St. Ct. NW

City: Bradenton State: FL Zip Code: 34209-

FEC ID number of contributing federal political committee. C

Name of Employer: Information Requested
Occupation: Information Requested

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 300.00

Date of Receipt: 04 / 09 / 2004
Transaction ID: 041320041C3520
Amount of Each Receipt this Period: 300.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Robert P. Hilstrom

Mailing Address 1215 62nd St. NW

City: Bradenton State: FL Zip Code: 34208-1305

FEC ID number of contributing federal political committee. C

Name of Employer: Self Employed
Occupation: Physician

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 04 / 09 / 2004
Transaction ID: 041320041C3521
Amount of Each Receipt this Period: 250.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Philip Dean Troyer

Mailing Address 6812 Pinehurst Pl.

City: Bradenton State: FL Zip Code: 34202-

FEC ID number of contributing federal political committee. C

Name of Employer: Bradenton Cardiology Center
Occupation: Physician

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 04 / 09 / 2004
Transaction ID: 041320041C3528
Amount of Each Receipt this Period: 250.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 800.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 282
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Robert E. Christopher
Mailing Address 3932 Riverview Blvd. W.
City: Bradenton State: FL Zip Code: 34209-2036
FEC ID number of contributing federal political committee: C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 04 / 09 / 2004
Transaction ID: 041320041C3529
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Evelyn K. Trewargy
Mailing Address 5726 Cortez Rd. W. #160
City: Bradenton State: FL Zip Code: 34210-
FEC ID number of contributing federal political committee: C
Name of Employer: Cameo Custom Homes
Occupation: President/CEO
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 04 / 09 / 2004
Transaction ID: 041320041C3530
Amount of Each Receipt this Period: 250.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Ed D. Ligon
Mailing Address PMB 543 18352 Dallas Pkwy 136
City: Dallas State: TX Zip Code: 75287-
FEC ID number of contributing federal political committee: C
Name of Employer: Retired
Occupation: Retired
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 04 / 06 / 2004
Transaction ID: 041320041C3480
Amount of Each Receipt this Period: 250.00
Earmarked(Receipt)
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Note: Through Club for Growth

SUBTOTAL of Receipts This Page (optional) ▶ 1000.00

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

24020472069
24020472069

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 282
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
. Club For Growth Inc. Pac
Mailing Address 1776 K ST NW, Suite 300
City: Washington State: DC Zip Code: 20006-
FEC ID number of contributing federal political committee: C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004
[ ] Primary [ ] General
[X] Other (specify) Other
Election Cycle-to-Date: 1450.00

Date of Receipt: 04 / 06 / 2004
Transaction ID: CM4540413320041C3480
Amount of Each Receipt this Period: 250.00
Memo - Conduit memo total
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Earmarked Memo - Conduit total

B.
Full Name (Last, First, Middle Initial)
Robert T. Martin
Mailing Address 2412 Medford Ct. W.
City: Fort Worth State: TX Zip Code: 76109-
FEC ID number of contributing federal political committee: C
Name of Employer: Retired
Occupation: Retired
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 04 / 06 / 2004
Transaction ID: 041320041C3479
Amount of Each Receipt this Period: 500.00
Earmarked(Receipt)
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Note: Through Club for Growth

C.
Full Name (Last, First, Middle Initial)
. Club For Growth Inc. Pac
Mailing Address 1776 K ST NW, Suite 300
City: Washington State: DC Zip Code: 20006-
FEC ID number of contributing federal political committee: C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004
[ ] Primary [ ] General
[X] Other (specify) Other
Election Cycle-to-Date: 1950.00

Date of Receipt: 04 / 06 / 2004
Transaction ID: CM4550413320041C3479
Amount of Each Receipt this Period: 500.00
Memo - Conduit memo total
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Earmarked Memo - Conduit total

SUBTOTAL of Receipts This Page (optional) ▶ 500.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 67 / 282

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Stephen D. Minnich

Mailing Address 677 Old Ketner Rd.

City: Fox Island | State: WA | Zip Code: 98333-

FEC ID number of contributing federal political committee: C

Name of Employer: Retired | Occupation: Retired

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 04 / 12 / 2004

Transaction ID: 041320041C3539

Amount of Each Receipt this Period: 1000.00

Receipt

[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
David S. Julyan

Mailing Address 666 Eleventh St., NW #655

City: Washington | State: DC | Zip Code: 20001-

FEC ID number of contributing federal political committee: C

Name of Employer: Julyan & Julyan LTD | Occupation: Chairman

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 04 / 12 / 2004

Transaction ID: 041320041C3540

Amount of Each Receipt this Period: 1000.00

Receipt

[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Robert N. Mellon

Mailing Address 11201 Potomac Crest

City: Potomac | State: MD | Zip Code: 20854-

FEC ID number of contributing federal political committee: C

Name of Employer: ACS | Occupation: Vice President & CFO

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 04 / 12 / 2004

Transaction ID: 041320041C3541

Amount of Each Receipt this Period: 1000.00

Receipt

[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 3000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 282
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
William Jarrell
Mailing Address 2111 Wilson Blvd., Ste. 600
City: Arlington State: VA Zip Code: 22201-3051
FEC ID number of contributing federal political committee. C
Name of Employer: Washington Strategies, LLC
Occupation: Consultant
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 04 / 12 / 2004
Transaction ID: 041320041C3542
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Jennifer Johnson Calvert
Mailing Address 124 11th St, SE
City: Washington State: DC Zip Code: 20003-
FEC ID number of contributing federal political committee. C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 04 / 12 / 2004
Transaction ID: 041320041C3543
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
David A. McArdle
Mailing Address 1600 E. Main St., Ste. B
City: Saint Charles State: IL Zip Code: 60174-
FEC ID number of contributing federal political committee. C
Name of Employer: Oakbrook Properties
Occupation: Principle
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 04 / 12 / 2004
Transaction ID: 041320041C3544
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 1500.00

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

24020472072
24020472072

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) [X] 11a [ ] 11b [ ] 11c [ ] 11d [ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
John S. McGarvey

Mailing Address 9750 Bent Grass Bend

City: Naples State: FL Zip Code: 34108-

FEC ID number of contributing federal political committee. C

Name of Employer: J. McGarvey Construction Co.

Occupation: Owner/Contractor

Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 04 / 12 / 2004

Transaction ID: 041320041C3545

Amount of Each Receipt this Period: 250.00

Receipt

[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Sarah Allen Manson

Mailing Address 2308 S. Lila Lane

City: Tampa State: FL Zip Code: 33629-

FEC ID number of contributing federal political committee. C

Name of Employer: Homemaker

Occupation: Homemaker

Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)

Election Cycle-to-Date: 2000.00

Date of Receipt: 04 / 19 / 2004

Transaction ID: 041320041C3538

Amount of Each Receipt this Period: 2000.00

Memo

[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

C. Full Name (Last, First, Middle Initial)
David S. Wilkison

Mailing Address 5288 River Blossom Ln.

City: Alva State: FL Zip Code: 33920-

FEC ID number of contributing federal political committee. C

Name of Employer: Wilson Miller, Inc.

Occupation: Engineer

Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 04 / 19 / 2004

Transaction ID: 0421200446C3553

Amount of Each Receipt this Period: 500.00

Receipt

[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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

24020472073
24020472073

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 70 / 282
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Michael A. Kennedy
Mailing Address 11112 Marigold Dr.
City: Bradenton State: FL Zip Code: 34202-
FEC ID number of contributing federal political committee: C
Name of Employer: Wilson Miller, Inc.
Occupation: Civil Engineer
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 04 / 19 / 2004
Transaction ID: 0421200446C3554
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Melvin Gross
Mailing Address 5051 66th St. N
City: Saint Petersburg State: FL Zip Code: 33709-
FEC ID number of contributing federal political committee: C
Name of Employer: Sembler Co.
Occupation: Attorney
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 04 / 21 / 2004
Transaction ID: 0421200446C3560
Amount of Each Receipt this Period: 1000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Joseph P. Neglia
Mailing Address 2358 E. 4th St.
City: Brooklyn State: NY Zip Code: 11223-
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Consultant
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 04 / 21 / 2004
Transaction ID: 0421200446C3561
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 2000.00

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

24020472074
24020472074

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 282
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Joanne Zappala
Mailing Address 5100 7th Ave. N.
City: St. Petersburg State: FL Zip Code: 33710-
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Skin Care
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 04 / 21 / 2004
Transaction ID: 0421200446C3562
Amount of Each Receipt this Period: 1000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Louis B. Green
Mailing Address 2700 Date Palm Rd.
City: Boca Raton State: FL Zip Code: 33432-
FEC ID number of contributing federal political committee: C
Name of Employer: Retired
Occupation: Retired
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 04 / 21 / 2004
Transaction ID: 0421200446C3563
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Richard C. Rochon
Mailing Address 450 Coconut Palm Road
City: Boca Raton State: FL Zip Code: 33432-
FEC ID number of contributing federal political committee: C
Name of Employer: Royal Palm Capitol Partners
Occupation: Managing Partner
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 04 / 21 / 2004
Transaction ID: 0421200446C3564
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 2000.00

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

24020472075

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) [X] 11a [ ] 11b [ ] 11c [ ] 11d [ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial): Christopher C. Wheeler
Mailing Address: 7 Sandpiper Drive
City: Village of Golf | State: FL | Zip Code: 33436-
FEC ID number of contributing federal political committee: C
Name of Employer: Proskauer Rose LLP | Occupation: Attorney
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00
Date of Receipt: 04 / 21 / 2004
Transaction ID: 0421200446C3565
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial): AR Ajmani
Mailing Address: 112 W. 76th Street
City: New York | State: NY | Zip Code: 10023-
FEC ID number of contributing federal political committee: C
Name of Employer: Information Requested | Occupation: Information Requested
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 0.00
Date of Receipt: 04 / 21 / 2004
Transaction ID: 0421200446C3576
Amount of Each Receipt this Period: -1000.00
Redesignation FROM Memo
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Redesignate to General

C.
Full Name (Last, First, Middle Initial): Ajit Ajmani
Mailing Address: 112 W. 76th Street
City: New York | State: NY | Zip Code: 10023-
FEC ID number of contributing federal political committee: C
Name of Employer: Information Requested | Occupation: Information Requested
Receipt For: 2004 [ ] Primary [X] General [ ] Other (specify)
Election Cycle-to-Date: 0.00
Date of Receipt: 04 / 21 / 2004
Transaction ID: 0421200446C3577
Amount of Each Receipt this Period: 1000.00
Redesignation TO Memo
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Redesignate from Primary

SUBTOTAL of Receipts This Page (optional) ▶ 500.00

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

24020472076
24020472076

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 282
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Ajit Ajmani

Mailing Address 112 W. 76th Street

City: New York | State: NY | Zip Code: 10023-

FEC ID number of contributing federal political committee: C

Name of Employer: Information Requested
Occupation: Information Requested

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 3000.00

Date of Receipt: 04 / 21 / 2004
Transaction ID: 0421200446C3566

Amount of Each Receipt this Period: 3000.00

Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Julie A. Burchfield

Mailing Address 10502 Royal Points Dr.

City: Northport | State: AL | Zip Code: 35475-

FEC ID number of contributing federal political committee: C

Name of Employer: Homemaker
Occupation: Homemaker

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 2000.00

Date of Receipt: 04 / 21 / 2004
Transaction ID: 0421200446C3567

Amount of Each Receipt this Period: 2000.00

Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Brandon Agee

Mailing Address 1004 Shelby Forest Trace

City: Chelsea | State: AL | Zip Code: 35043-

FEC ID number of contributing federal political committee: C

Name of Employer: BellSouth
Occupation: Engineer

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 2000.00

Date of Receipt: 04 / 21 / 2004
Transaction ID: 0421200446C3568

Amount of Each Receipt this Period: 2000.00

Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 7000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 74 / 282

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Todd K. Johnson

Mailing Address 726 79th Circle So

City: St. Petersburg State: FL Zip Code: 33707-

FEC ID number of contributing federal political committee. C

Name of Employer: Information Requested
Occupation: Information Requested

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 04 / 21 / 2004

Transaction ID: 0421200446C3571

Amount of Each Receipt this Period: 1000.00

Receipt

[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 791 Park of Commerce Dr.

City: Boca Raton State: FL Zip Code: 33487-

FEC ID number of contributing federal political committee. C

Name of Employer: Novamil Corp.
Occupation: Vice Chairman

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 04 / 21 / 2004

Transaction ID: 0421200446C3572

Amount of Each Receipt this Period: 500.00

Receipt

[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Christine E. Lynn

Mailing Address 2501 N. Military Trail

City: Boca Raton State: FL Zip Code: 33431-

FEC ID number of contributing federal political committee. C

Name of Employer: U.S.E.
Occupation: CEO

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 04 / 21 / 2004

Transaction ID: 0421200446C3573

Amount of Each Receipt this Period: 500.00

Receipt

[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 2000.00

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

24020472078
24020472078

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

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[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Richard L. Keller
Mailing Address 381 E. Mountain Rd. N
City: Cold Spring State: NY Zip Code: 10516-4338
FEC ID number of contributing federal political committee. C
Name of Employer: Wellcare Health Plans Inc
Occupation: General Manager
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 04 / 21 / 2004
Transaction ID: 0421200446C3574
Amount of Each Receipt this Period: 1000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Harry K. Mellon
Mailing Address 930 Tahoe Blvd., No. 228
City: Incline Village State: NV Zip Code: 89451-9451
FEC ID number of contributing federal political committee. C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 04 / 21 / 2004
Transaction ID: 0511200445C3582
Amount of Each Receipt this Period: 2000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Luis A. Miranda
Mailing Address 105 Payson Avenue
City: New York State: NY Zip Code: 10034-2763
FEC ID number of contributing federal political committee. C
Name of Employer: The Miriam Group
Occupation: Executive
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 04 / 21 / 2004
Transaction ID: 0511200445C3585
Amount of Each Receipt this Period: 1000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 4000.00

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

24020472079
24020472079

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 78 / 282

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Gus G. Kerlazos

Mailing Address 11401 Tullamore St.

City: Temple Terrace | State: FL | Zip Code: 33617-

FEC ID number of contributing federal political committee: C

Name of Employer: Well Care HMO

Occupation: Contractor

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 04 / 21 / 2004

Transaction ID: 0511200445C3592

Amount of Each Receipt this Period: 500.00

Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Jeffery E. Burkhart

Mailing Address 1219 Lake Ashbury Dr.

City: Green Cove Springs | State: FL | Zip Code: 32043-

FEC ID number of contributing federal political committee: C

Name of Employer: Information Requested

Occupation: Information Requested

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 1500.00

Date of Receipt: 04 / 21 / 2004

Transaction ID: 0511200445C3593

Amount of Each Receipt this Period: 1500.00

Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Martin R. Revello

Mailing Address 4321 Waterford Landing Dr.

City: Lutz | State: FL | Zip Code: 33558-

FEC ID number of contributing federal political committee: C

Name of Employer: Information Requested

Occupation: Information Requested

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 04 / 21 / 2004

Transaction ID: 0511200445C3594

Amount of Each Receipt this Period: 1000.00

Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 3000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: | PAGE 77 / 282
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (in Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Parikshit Singh

Mailing Address 7443 Oak Tree Lane

City: Spring Hill | State: FL | Zip Code: 34607-

FEC ID number of contributing federal political committee: C

Name of Employer: Access Health Care, LLC
Occupation: Doctor

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 04 / 21 / 2004
Transaction ID: 0511200445C3595

Amount of Each Receipt this Period: 1000.00

Receipt

[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Jason P. Overton

Mailing Address 240 E. 86th St., Apt. 17 I

City: New York | State: NY | Zip Code: 10028-

FEC ID number of contributing federal political committee: C

Name of Employer: WellCare of New York
Occupation: Business Analysis Manager

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 04 / 21 / 2004
Transaction ID: 0511200445C3596

Amount of Each Receipt this Period: 500.00

Receipt

[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Megan A. Johntz

Mailing Address 5416 Avenue Simone

City: Lutz | State: FL | Zip Code: 33558-

FEC ID number of contributing federal political committee: C

Name of Employer: Johntz Presentations
Occupation: Speaker

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 2000.00

Date of Receipt: 04 / 21 / 2004
Transaction ID: 0511200445C3604

Amount of Each Receipt this Period: 2000.00

Memo

[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

SUBTOTAL of Receipts This Page (optional) ▶ 1500.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

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[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Rennifer Hayward
Mailing Address 2768 Long Hill Rd.
City: Guilford State: CT Zip Code: 06437-3646
FEC ID number of contributing federal political committee. C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 04 / 21 / 2004
Transaction ID: 0511200445C3608
Amount of Each Receipt this Period: 500.00
Memo
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

B. Full Name (Last, First, Middle Initial)
Lane A. Deyoe, M.D.
Mailing Address 4770 Bucida Rd.
City: Boynton Beach State: FL Zip Code: 33436-
FEC ID number of contributing federal political committee. C
Name of Employer: Bethesda Radiology
Occupation: Physician
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1500.00

Date of Receipt: 04 / 21 / 2004
Transaction ID: 0511200445C3612
Amount of Each Receipt this Period: 1500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Fernando Keller
Mailing Address 6766 Newport Lake Circle
City: Boca Raton State: FL Zip Code: 33496-
FEC ID number of contributing federal political committee. C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 04 / 21 / 2004
Transaction ID: 0511200445C3613
Amount of Each Receipt this Period: 250.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 1750.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 79 / 282

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
David M. Friedman

Mailing Address 12 Wood Lane South

City: Woodsburgh | State: NY | Zip Code: 11598-

FEC ID number of contributing federal political committee: C

Name of Employer: Kasowitz,Benson,Torres&Friedman

Occupation: Partner

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 2000.00

Date of Receipt: 04 / 21 / 2004

Transaction ID: 0511200445C3614

Amount of Each Receipt this Period: 2000.00

Receipt

[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Alfred C. Warrington, IV

Mailing Address c/o River Oaks Place
1201 McDuffie St., Unit #137

City: Houston | State: TX | Zip Code: 77019-3618

FEC ID number of contributing federal political committee: C

Name of Employer: Self Employed

Occupation: Entrepreneur

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 04 / 22 / 2004

Transaction ID: 0511200445C3617

Amount of Each Receipt this Period: 250.00

Memo

[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

C. Full Name (Last, First, Middle Initial)
Joni R. Newberk

Mailing Address 27709 Mooring Cove Ct.

City: Yalaha | State: FL | Zip Code: 34797-

FEC ID number of contributing federal political committee: C

Name of Employer: Information Requested

Occupation: Information Requested

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 300.00

Date of Receipt: 04 / 26 / 2004

Transaction ID: 0511200445C3619

Amount of Each Receipt this Period: 300.00

Receipt

[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ..... ▶ 2300.00

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

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SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 80 / 282

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Kenneth M. Petrock
Mailing Address 420 Alberta Drive
City: Winter Park State: FL Zip Code: 32789-
FEC ID number of contributing federal political committee: C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00
Date of Receipt: 04 / 26 / 2004
Transaction ID: 0511200445C3620
Amount of Each Receipt this Period: 250.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Jeff P. James
Mailing Address 8933 Crichton Wood Court
City: Orlando State: FL Zip Code: 32819-
FEC ID number of contributing federal political committee: C
Name of Employer: Walt Disney World Co.
Occupation: Sales
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00
Date of Receipt: 04 / 26 / 2004
Transaction ID: 0511200445C3621
Amount of Each Receipt this Period: 250.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Jay Bullock
Mailing Address 10333 Down Lakeview Circle
City: Windermere State: FL Zip Code: 34786-
FEC ID number of contributing federal political committee: C
Name of Employer: Walt Disney World Co.
Occupation: Attorney
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00
Date of Receipt: 04 / 26 / 2004
Transaction ID: 0511200445C3622
Amount of Each Receipt this Period: 250.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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

24020472084

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 61 / 282

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
W. Craig Parsons
Mailing Address 9548 Castleford Point
City: Orlando State: FL Zip Code: 32836-
FEC ID number of contributing federal political committee: C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00
Date of Receipt: 04 / 26 / 2004
Transaction ID: 0511200445C3623
Amount of Each Receipt this Period: 250.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Brian J. Lynch
Mailing Address 10951 Emerald Chase Dr.
City: Orlando State: FL Zip Code: 32836-6884
FEC ID number of contributing federal political committee: C
Name of Employer: Walt Disney World Co.
Occupation: VP Strategy
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00
Date of Receipt: 04 / 26 / 2004
Transaction ID: 0511200445C3625
Amount of Each Receipt this Period: 250.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
James Clay Roberson
Mailing Address 3105 Clifford St.
City: Port Charlotte State: FL Zip Code: 33980-
FEC ID number of contributing federal political committee: C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00
Date of Receipt: 04 / 26 / 2004
Transaction ID: 0511200445C3627
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 1000.00

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

24020472085

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

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[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Michael Grant
Mailing Address 127 Creek Drive
City: Port Charlotte State: FL Zip Code: 33952-9112
FEC ID number of contributing federal political committee. C
Name of Employer: Self Employed
Occupation: Medical Transportation
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 04 / 26 / 2004
Transaction ID: 0511200445C3630
Amount of Each Receipt this Period: 250.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Michael Grant
Mailing Address 127 Creek Drive
City: Port Charlotte State: FL Zip Code: 33952-9112
FEC ID number of contributing federal political committee. C
Name of Employer: Self Employed
Occupation: Medical Transportation
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 06 / 29 / 2004
Transaction ID: 0701200414C3836
Amount of Each Receipt this Period: 250.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Ramon Tallaj
Mailing Address 571 Academy St.
City: New York State: NY Zip Code: 10034-
FEC ID number of contributing federal political committee. C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 04 / 23 / 2004
Transaction ID: 0511200445C3632
Amount of Each Receipt this Period: 2000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 2500.00

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

24020472086
24020472086

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

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[X] 11a [ ] 11b [ ] 11c [ ] 11d
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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Carl Goldstein
Mailing Address 50 Sutton Place
City: New York State: NY Zip Code: 10022-
FEC ID number of contributing federal political committee. C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 04 / 26 / 2004
Transaction ID: 0511200445C3633
Amount of Each Receipt this Period: 1000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Joel S. Lever
Mailing Address 2 Broadmoor Rd.
City: Scarsdale State: NY Zip Code: 10583-7804
FEC ID number of contributing federal political committee. C
Name of Employer: Kurzman & Eisenberg
Occupation: Attorney
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 04 / 26 / 2004
Transaction ID: 0511200445C3634
Amount of Each Receipt this Period: 2000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Thomas M. Shields
Mailing Address Information Requested
City: State: Zip Code:
FEC ID number of contributing federal political committee. C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 04 / 26 / 2004
Transaction ID: 0511200445C3635
Amount of Each Receipt this Period: 250.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 3250.00

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

24020472087
24020472087

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) | PAGE 84 / 282

[X] 11a [ ] 11b [ ] 11c [ ] 11d
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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Cornelius Turaiba
Mailing Address Information Requested
City | State | Zip Code

Date of Receipt: 04 / 26 / 2004
Transaction ID: 0511200445C3636

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period: 400.00

Name of Employer: Information Requested
Occupation: Information Requested

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 400.00

Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Doug S. Bailey
Mailing Address The Windsor Group
501 E. Tennessee St., Suite C
City: Tallahassee | State: FL | Zip Code: 32308-4906

Date of Receipt: 04 / 26 / 2004
Transaction ID: 0511200445C3637

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period: 1000.00

Name of Employer: The Windsor Group
Occupation: Executive Vice President

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 1000.00

Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Wayne E. Waters
Mailing Address 2150 Eventide Rd.
City: Jacksonville | State: FL | Zip Code: 32259-

Date of Receipt: 04 / 27 / 2004
Transaction ID: 0511200445C3638

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period: 500.00

Name of Employer: Ed Waters & Son
Occupation: Contractor

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 500.00

Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 1900.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 85 / 282
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
W. E. Parker
Mailing Address Information Requested
City State Zip Code
FEC ID number of contributing federal political committee. C
Name of Employer Information Requested
Occupation Information Requested
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date 1000.00

Date of Receipt 04 / 27 / 2004
Transaction ID: 0511200445C3639
Amount of Each Receipt this Period 1000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Gerald M. Mixon, Sr.
Mailing Address 2758 Sequoyah Dr.
City Haines City State FL Zip Code 33844-
FEC ID number of contributing federal political committee. C
Name of Employer Information Requested
Occupation Information Requested
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date 1000.00

Date of Receipt 04 / 26 / 2004
Transaction ID: 0511200445C3641
Amount of Each Receipt this Period 1000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Myron P. Shevell
Mailing Address 1-71 North Avenue East
City Elizabeth State NJ Zip Code 07201-
FEC ID number of contributing federal political committee. C
Name of Employer NEMF
Occupation Chairman of The Board
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date 2000.00

Date of Receipt 04 / 28 / 2004
Transaction ID: 0511200445C3642
Amount of Each Receipt this Period 2000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 4000.00

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

24020472089
24020472089

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 86 / 282

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
David M. Klein
Mailing Address 1820 Jamaica Way
City: Punta Gorda State: FL Zip Code: 33950-5157
FEC ID number of contributing federal political committee. C
Name of Employer: Self Employed
Occupation: Eye Surgeon
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 04 / 29 / 2004
Transaction ID: 0511200445C3644
Amount of Each Receipt this Period: 250.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
David M. Klein
Mailing Address 1820 Jamaica Way
City: Punta Gorda State: FL Zip Code: 33950-5157
FEC ID number of contributing federal political committee. C
Name of Employer: Self Employed
Occupation: Eye Surgeon
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 06 / 29 / 2004
Transaction ID: 0701200414C3845
Amount of Each Receipt this Period: 250.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Morris Kutner, M.D.
Mailing Address 3058 Highlands-By-The-Lake Way, No
City: Lakeland State: FL Zip Code: 33813-
FEC ID number of contributing federal political committee. C
Name of Employer: Self Employed
Occupation: Physician
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 05 / 05 / 2004
Transaction ID: 0511200445C3652
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 1000.00

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

24020472090
24020472090

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 87 / 282
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Ann S. Ulbricht
Mailing Address 2403 Clubhouse Drive
City: Plant City State: FL Zip Code: 33566-
FEC ID number of contributing federal political committee: C
Name of Employer: Housewife
Occupation: Housewife
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 05 / 05 / 2004
Transaction ID: 0511200445C3658
Amount of Each Receipt this Period: 500.00
Memo
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

B. Full Name (Last, First, Middle Initial)
Dorothy Panza
Mailing Address 3600 N. Federal Hwy.
City: Ft. Lauderdale State: FL Zip Code: 33308-
FEC ID number of contributing federal political committee: C
Name of Employer: Homemaker
Occupation: Homemaker
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 05 / 05 / 2004
Transaction ID: 0511200445C3659
Amount of Each Receipt this Period: 2000.00
Memo
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

C. Full Name (Last, First, Middle Initial)
Kathryn S. Ballard
Mailing Address 403 East Park Ave.
City: Tallahassee State: FL Zip Code: 32301-
FEC ID number of contributing federal political committee: C
Name of Employer: Housewife
Occupation: Housewife
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 05 / 05 / 2004
Transaction ID: 0511200445C3660
Amount of Each Receipt this Period: 2000.00
Memo
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

SUBTOTAL of Receipts This Page (optional) ▶ 0.00

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

24020472091
24020472091

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 88 / 282
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
William A. Brennan
Mailing Address 1501 Grasslands Blvd., No. 88
City: Lakeland State: FL Zip Code: 33803-1895
FEC ID number of contributing federal political committee: C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 05 / 07 / 2004
Transaction ID: 0511200445C3664
Amount of Each Receipt this Period: 1000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
William A. Brennan
Mailing Address 1501 Grasslands Blvd., No. 88
City: Lakeland State: FL Zip Code: 33803-1895
FEC ID number of contributing federal political committee: C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 05 / 07 / 2004
Transaction ID: 0511200445C3662
Amount of Each Receipt this Period: 1000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Alain Delgado, M.D.
Mailing Address 5075 Highlands by The Lake Dr.
City: Lakeland State: FL Zip Code: 33813-
FEC ID number of contributing federal political committee: C
Name of Employer: Neurology & Neurosurgery Assoc
Occupation: Neurologist
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 05 / 07 / 2004
Transaction ID: 0511200445C3663
Amount of Each Receipt this Period: 1000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 3000.00

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

24020472092
24020472092

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 89 / 282

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
John C. Amann
Mailing Address 1105 Interlochen Blvd.
City: Winter Haven State: FL Zip Code: 33884-
FEC ID number of contributing federal political committee: C
Name of Employer: Neurology & Neurosurgery Assoc
Occupation: Physician
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 05 / 07 / 2004
Transaction ID: 0511200445C3665
Amount of Each Receipt this Period: 1000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Michael A. Campanelli
Mailing Address 4320 Summer Landing Dr., Apt. 302
City: Lakeland State: FL Zip Code: 33810-
FEC ID number of contributing federal political committee: C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 05 / 07 / 2004
Transaction ID: 0511200445C3666
Amount of Each Receipt this Period: 1000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Juan L. Joy, M.D.
Mailing Address 309 Lochen Cir.
City: Winter Haven State: FL Zip Code: 33884-
FEC ID number of contributing federal political committee: C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 05 / 07 / 2004
Transaction ID: 0511200445C3667
Amount of Each Receipt this Period: 1000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 3000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) [X] 11a [ ] 11b [ ] 11c [ ] 11d [ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial): John O. Susac, M.D.
Mailing Address: 300 Lake Otis Dr., S.E.
City: Winter Haven State: FL Zip Code: 33880-3552
FEC ID number of contributing federal political committee: C
Name of Employer: Neurology & Neurosurgery Assoc
Occupation: Physician
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00
Date of Receipt: 05 / 07 / 2004
Transaction ID: 0511200445C3668
Amount of Each Receipt this Period: 1000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial): T. Richard Hosler
Mailing Address: 1156 Interlochen Blvd.
City: Winter Haven State: FL Zip Code: 33884-
FEC ID number of contributing federal political committee: C
Name of Employer: NNA
Occupation: Physician
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00
Date of Receipt: 05 / 07 / 2004
Transaction ID: 0511200445C3669
Amount of Each Receipt this Period: 1000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial): Shailesh U. Rajguru, D. O.
Mailing Address: 246 Ruby Lake Ln
City: Winter Haven State: FL Zip Code: 33884-
FEC ID number of contributing federal political committee: C
Name of Employer: Neurology & Neurosurgery Assoc
Occupation: Neurologist
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00
Date of Receipt: 05 / 07 / 2004
Transaction ID: 0511200445C3670
Amount of Each Receipt this Period: 1000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 3000.00

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

24020472094

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 81 / 282

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 16

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
James L. Sanders, Jr., MD

Mailing Address 1128 Interlochen Blvd.

City: Winter Haven State: FL Zip Code: 33884-

FEC ID number of contributing federal political committee: C

Name of Employer: Information Requested
Occupation: Information Requested

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 05 / 07 / 2004
Transaction ID: 0511200445C3671

Amount of Each Receipt this Period: 1000.00

Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 5204 Scott Lake Rd.

City: Lakeland State: FL Zip Code: 33813-

FEC ID number of contributing federal political committee: C

Name of Employer: Information Requested
Occupation: Information Requested

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 05 / 07 / 2004
Transaction ID: 0511200445C3672

Amount of Each Receipt this Period: 1000.00

Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
John M. Tanner

Mailing Address 30 Enclave Dr.

City: Winter Haven State: FL Zip Code: 33884-

FEC ID number of contributing federal political committee: C

Name of Employer: Information Requested
Occupation: Information Requested

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 750.00

Date of Receipt: 05 / 07 / 2004
Transaction ID: 0511200445C3673

Amount of Each Receipt this Period: 750.00

Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 2750.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 92 / 282
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Jay Maloney, M.D.
Mailing Address 3255 Bridgefield Dr.
City: Lakeland State: FL Zip Code: 33803-
FEC ID number of contributing federal political committee: C
Name of Employer: Central Fla. Eye Associates
Occupation: Physician
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 05 / 07 / 2004
Transaction ID: 0511200445C3674
Amount of Each Receipt this Period: 250.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Nemaj Dubey
Mailing Address 1042 Waterside Dr.
City: Celebration State: FL Zip Code: 34747-4401
FEC ID number of contributing federal political committee: C
Name of Employer: NNA
Occupation: Doctor
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 05 / 07 / 2004
Transaction ID: 0511200445C3675
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Eva Salamon Drum
Mailing Address 3314 Eagles Trace
City: Winter Haven State: FL Zip Code: 33884-
FEC ID number of contributing federal political committee: C
Name of Employer: Homemaker
Occupation: Homemaker
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 05 / 07 / 2004
Transaction ID: 0511200445C3676
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 1250.00

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

24020472096

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 93 / 282

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Dale Wickstrom-Hill
Mailing Address P.O. Box 9499
City: Winter Haven State: FL Zip Code: 33883-
FEC ID number of contributing federal political committee. C
Name of Employer: Self Employed
Occupation: Anesthesiologist
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00
Date of Receipt: 05 / 07 / 2004
Transaction ID: 0511200445C3677
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Dan W. Welch
Mailing Address 407 Avenue K S.E.
City: Winter Haven State: FL Zip Code: 33880-
FEC ID number of contributing federal political committee. C
Name of Employer: Eye Specialists of Mid-FL
Occupation: Opthamologist
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00
Date of Receipt: 05 / 07 / 2004
Transaction ID: 0511200445C3678
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Edgar H. Willard III, MD
Mailing Address 1330 N. Lake Otis Dr.
City: Winter Haven State: FL Zip Code: 33880-
FEC ID number of contributing federal political committee. C
Name of Employer: Bowd Clinic
Occupation: Physician
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00
Date of Receipt: 05 / 07 / 2004
Transaction ID: 0511200445C3679
Amount of Each Receipt this Period: 250.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 1250.00

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

24020472097
24020472097

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 94 / 282

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Jeremy M. Jacobs
Mailing Address 1300 N. Davis Road
City: East Aurora State: NY Zip Code: 14052-
FEC ID number of contributing federal political committee: C
Name of Employer: Delaware North Cos. Inc
Occupation: Chairman & CEO
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 05 / 07 / 2004
Transaction ID: 0511200445C3682
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Timothy W. Conway
Mailing Address 6709 W. Knights Griffin Rd.
City: Plant City State: FL Zip Code: 33565-
FEC ID number of contributing federal political committee: C
Name of Employer: Family Dentistry
Occupation: Dentist
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 05 / 17 / 2004
Transaction ID: 0611200417C3686
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Nancy Everidge
Mailing Address 1004 W. Mahoney St.
City: Plant City State: FL Zip Code: 33563-
FEC ID number of contributing federal political committee: C
Name of Employer: Hillsborough County Schools
Occupation: Teacher
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 05 / 21 / 2004
Transaction ID: 0611200417C3696
Amount of Each Receipt this Period: 250.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 1250.00

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

24020472098
24020472098

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 95 / 282

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
David H. Flaherty

Mailing Address 1781 NW 104th Ave.

City: Plantation State: FL Zip Code: 33322-8837

FEC ID number of contributing federal political committee: C

Name of Employer: Information Requested
Occupation: Information Requested

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 05 / 21 / 2004
Transaction ID: 0611200417C3698
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Deborah Sadriwala

Mailing Address Information Requested

City State Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer: Information Requested
Occupation: Information Requested

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 2000.00

Date of Receipt: 05 / 21 / 2004
Transaction ID: 0611200417C3699
Amount of Each Receipt this Period: 2000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Abbas A. Sadriwala

Mailing Address Information Requested

City State Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer: Information Requested
Occupation: Information Requested

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 2000.00

Date of Receipt: 05 / 21 / 2004
Transaction ID: 0611200417C3700
Amount of Each Receipt this Period: 2000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 4500.00

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

24020472099
24020472099

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 96 / 282
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Joanna Segal
Mailing Address 1828 Diplomat Drive
City: North Miami Beach State: FL Zip Code: 33179-
FEC ID number of contributing federal political committee. C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 05 / 21 / 2004
Transaction ID: 0611200417C3701
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Kathy B. Cross
Mailing Address 232 Royal Palm Way
City: Belle Glade State: FL Zip Code: 33430-
FEC ID number of contributing federal political committee. C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 05 / 21 / 2004
Transaction ID: 0611200417C3702
Amount of Each Receipt this Period: 1000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Robert M. Cooper
Mailing Address 1120 Tuxedo Ct.
City: Roswell State: GA Zip Code: 30075-
FEC ID number of contributing federal political committee. C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 05 / 21 / 2004
Transaction ID: 0611200417C3703
Amount of Each Receipt this Period: 1000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 2500.00

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

24020472100
24020472100

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 97 / 282
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Richard Ellison
Mailing Address 332 Sweet Bay Circle
City: Jupiter State: FL Zip Code: 33458-
FEC ID number of contributing federal political committee: C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00
Date of Receipt: 05 / 21 / 2004
Transaction ID: 0611200417C3705
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Jacqueline E. Barratt
Mailing Address 174 NE 108 St
City: Miami Shores State: FL Zip Code: 33161-
FEC ID number of contributing federal political committee: C
Name of Employer: Compass Health Systems
Occupation: Physician
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00
Date of Receipt: 05 / 21 / 2004
Transaction ID: 0611200417C3706
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Brian A. Bulfer
Mailing Address P.O. Box 530365
City: Miami Shores State: FL Zip Code: 33153-
FEC ID number of contributing federal political committee: C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00
Date of Receipt: 05 / 21 / 2004
Transaction ID: 0611200417C3707
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 1500.00

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

24020472101
24020472101

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 98 / 282

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Dianna M. Chapin

Mailing Address 619 10th Street SW

City: Willmar | State: MN | Zip Code: 56201-

FEC ID number of contributing federal political committee: C

Name of Employer: Information Requested
Occupation: Information Requested

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 05 / 21 / 2004
Transaction ID: 0611200417C3709

Amount of Each Receipt this Period: 1000.00

Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 5415 Lykes Lane

City: Tampa | State: FL | Zip Code: 33611-4748

FEC ID number of contributing federal political committee: C

Name of Employer: Lykes Bros., Inc.
Occupation: Vice President

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 06 / 07 / 2004
Transaction ID: 0611200417C3711

Amount of Each Receipt this Period: 250.00

Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Lionel J. Gatien, D. O.

Mailing Address 7640 Smullian Trail West

City: Jacksonville | State: FL | Zip Code: 32217-

FEC ID number of contributing federal political committee: C

Name of Employer: Lionel J. Gatien, D.O., P.A.
Occupation: Physician

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 06 / 07 / 2004
Transaction ID: 0611200417C3712

Amount of Each Receipt this Period: 500.00

Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 1750.00

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

24020472102
24020472102

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 99 / 282

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Ted Couch
Mailing Address 1717 East Fowler Ave.
City: Tampa State: FL Zip Code: 33612-
FEC ID number of contributing federal political committee. C
Name of Employer: Self Employed
Occupation: Private Investor
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 06 / 07 / 2004
Transaction ID: 0611200417C3713
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Dwight C. Selby
Mailing Address 1535 Oak Forest Drive
City: Ormond Beach State: FL Zip Code: 32174-
FEC ID number of contributing federal political committee. C
Name of Employer: Selby Realty, Inc.
Occupation: President
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 06 / 07 / 2004
Transaction ID: 0611200417C3714
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
J. T. Stephens, Jr.
Mailing Address 111 Center Street, Ste. 1616
City: Little Rock State: AR Zip Code: 72201-4418
FEC ID number of contributing federal political committee. C
Name of Employer: EOE, Inc.
Occupation: Executive
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 06 / 03 / 2004
Transaction ID: 0611200417C3716
Amount of Each Receipt this Period: 2000.00
Earmarked(Receipt)
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Note: Through Club for Growth

SUBTOTAL of Receipts This Page (optional) ▶ 3000.00

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

24020472103
24020472103

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) [X] 11a [ ] 11b [ ] 11c [ ] 11d [ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

PAGE 100 / 282

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Club For Growth Inc. Pac

Mailing Address 1776 K ST NW, Suite 300

City: Washington State: DC Zip Code: 20006-

FEC ID number of contributing federal political committee: C

Name of Employer: Information Requested
Occupation: Information Requested

Receipt For: 2004 [ ] Primary [ ] General [X] Other (specify) Other

Election Cycle-to-Date: 3950.00

Date of Receipt: 06 / 03 / 2004

Transaction ID: CM4560611200417C3716

Amount of Each Receipt this Period: 2000.00

Memo - Conduit memo total

[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]
Earmarked Memo - Conduit total

B. Full Name (Last, First, Middle Initial)
Edna Harvell

Mailing Address 6824 East Bay Blvd.

City: Navarre State: FL Zip Code: 32566-

FEC ID number of contributing federal political committee: C

Name of Employer: Retired
Occupation: Retired

Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 06 / 07 / 2004

Transaction ID: 0611200417C3717

Amount of Each Receipt this Period: 1000.00

Receipt

[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
James M. Harvell

Mailing Address 6824 East Bay Blvd.

City: Navarre State: FL Zip Code: 32566-

FEC ID number of contributing federal political committee: C

Name of Employer: Retired
Occupation: Retired

Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 06 / 07 / 2004

Transaction ID: 0611200417C3718

Amount of Each Receipt this Period: 1000.00

Receipt

[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 2000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Jean Harvell
Mailing Address 6467 Avenida De Galvez
City: Navarre State: FL Zip Code: 32566-
FEC ID number of contributing federal political committee: C
Name of Employer: Housewife
Occupation: Housewife
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 06 / 07 / 2004
Transaction ID: 0611200417C3719
Amount of Each Receipt this Period: 2000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Tonya H. Heinley
Mailing Address 6921 East Bay Blvd.
City: Navarre State: FL Zip Code: 32566-
FEC ID number of contributing federal political committee: C
Name of Employer: Information Requested
Occupation: Law Enforcement Dispatcher
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 06 / 07 / 2004
Transaction ID: 0611200417C3720
Amount of Each Receipt this Period: 1000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
William A. Pullum
Mailing Address 8494 Navarre Parkway
City: Navarre State: FL Zip Code: 32566-
FEC ID number of contributing federal political committee: C
Name of Employer: Bill Pullum Realty
Occupation: Realtor
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 06 / 07 / 2004
Transaction ID: 0611200417C3721
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 3500.00

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

24020472105

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 102 / 282

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Warren G. Williamson

Mailing Address 15886 Sanctuary Dr.

City: Tampa | State: FL | Zip Code: 33647-

FEC ID number of contributing federal political committee: C

Name of Employer: ReMax Solutions | Occupation: Real Estate Broker

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 300.00

Date of Receipt: 06 / 08 / 2004

Transaction ID: 0611200417C3733

Amount of Each Receipt this Period: 300.00

Receipt

[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
David Earl Miller

Mailing Address P.O. Drawer M

City: Brewton | State: AL | Zip Code: 36427-

FEC ID number of contributing federal political committee: C

Name of Employer: Information Requested | Occupation: Information Requested

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 2000.00

Date of Receipt: 06 / 08 / 2004

Transaction ID: 0611200417C3743

Amount of Each Receipt this Period: 2000.00

Receipt

[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Jane C. Miller

Mailing Address P.O. Drawer M

City: Brewton | State: AL | Zip Code: 36427-

FEC ID number of contributing federal political committee: C

Name of Employer: Information Requested | Occupation: Information Requested

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 2000.00

Date of Receipt: 06 / 08 / 2004

Transaction ID: 0611200417C3744

Amount of Each Receipt this Period: 2000.00

Receipt

[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 4300.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 103 / 282
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
John P. Baumann, Jr.
Mailing Address 1121D N. Dale Mabry Hwy., Suite 60
City: Tampa State: FL Zip Code: 33618-
FEC ID number of contributing federal political committee: C
Name of Employer: Baumann, Raymondo & Co. PA
Occupation: Accountant
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 06 / 11 / 2004
Transaction ID: 061420047C3780
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Navarre Ventures, L.L.C.
Mailing Address 8494 Navarre Parkway
City: Navarre State: FL Zip Code: 32566-
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 06 / 21 / 2004
Transaction ID: 0621200427C3769
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Notes: Partnership

C. Full Name (Last, First, Middle Initial)
William A. Pullum
Mailing Address 8494 Navarre Parkway
City: Navarre State: FL Zip Code: 32566-
FEC ID number of contributing federal political committee: C
Name of Employer: Bill Pullum Realty
Occupation: Realtor
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 06 / 21 / 2004
Transaction ID: 0621200427C3770
Amount of Each Receipt this Period: 500.00
Memo
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Partnership->Navarre Ventures, L.L.C.

SUBTOTAL of Receipts This Page (optional) ▶ 1000.00

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

24020472107
24020472107

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) [X] 11a [ ] 11b [ ] 11c [ ] 11d [ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
K. W. Adkisson

Mailing Address 1200 Ft. Pickens Road 8B

City: Pensacola Beach State: FL Zip Code: 32561-

FEC ID number of contributing federal political committee: C

Name of Employer: Information Requested
Occupation: Information Requested

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 06 / 21 / 2004
Transaction ID: 0625200428C3772

Amount of Each Receipt this Period: 250.00

Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Alice L. Cortes

Mailing Address 4065 Montalvo

City: Pensacola State: FL Zip Code: 32504-

FEC ID number of contributing federal political committee: C

Name of Employer: Information Requested
Occupation: Information Requested

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 06 / 21 / 2004
Transaction ID: 0625200426C3773

Amount of Each Receipt this Period: 1000.00

Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Leslie Rose

Mailing Address One North Breakers Row, Apt. 361

City: Palm Beach State: FL Zip Code: 33480-

FEC ID number of contributing federal political committee: C

Name of Employer: Information Requested
Occupation: Information Requested

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 06 / 22 / 2004
Transaction ID: 0625200426C3775

Amount of Each Receipt this Period: 500.00

Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 1750.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: [check only one] PAGE 105 / 282

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
H. Kent Mergor
Mailing Address 3980 SE Old Saint Lucie Blvd.
City: Stuart State: FL Zip Code: 34996-
FEC ID number of contributing federal political committee. C
Name of Employer: Northstar Capital Mgmnt, Inc.
Occupation: President
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: M 06 D 22 Y 2004
Transaction ID: 0625200428C3777
Amount of Each Receipt this Period: 1000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Kenneth H. Creger, MD
Mailing Address 38 Tidy Island Blvd.
City: Bradenton State: FL Zip Code: 34210-
FEC ID number of contributing federal political committee. C
Name of Employer: Peninsula Arthritis Assoc.
Occupation: Physician
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: M 06 D 22 Y 2004
Transaction ID: 0625200428C3778
Amount of Each Receipt this Period: 250.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Michael J. Kelin
Mailing Address 1212 Coconut Dr., S.W.
City: Fort Myers State: FL Zip Code: 33901-
FEC ID number of contributing federal political committee. C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: M 08 D 29 Y 2004
Transaction ID: 0701200414C3823
Amount of Each Receipt this Period: 2000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 3250.00

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

24020472109
24020472109

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 106 / 282

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Lesley K. Porter
Mailing Address 790 Cape View Dr.
City: Fort Myers State: FL Zip Code: 33919-6004
FEC ID number of contributing federal political committee. C
Name of Employer: Housewife
Occupation: Housewife
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 06 / 29 / 2004
Transaction ID: 0701200414C3825
Amount of Each Receipt this Period: 250.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Joshua S. Puller
Mailing Address 1052 Harbour Way Place
City: Punta Gorda State: FL Zip Code: 33983-
FEC ID number of contributing federal political committee. C
Name of Employer: Charlotte Regional Medical Ctr
Occupation: Administrator
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 06 / 29 / 2004
Transaction ID: 0701200414C3833
Amount of Each Receipt this Period: 250.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Christopher Hann
Mailing Address 1854 Coconut Palm Circle
City: North Port State: FL Zip Code: 34288-
FEC ID number of contributing federal political committee. C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 06 / 29 / 2004
Transaction ID: 0701200414C3834
Amount of Each Receipt this Period: 250.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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

24020472110
24020472110

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) [X] 11a [ ] 11b [ ] 11c [ ] 11d [ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
John P. Rigoz, MD

Mailing Address 1492 Kolenda St.

City: Port Charlotte | State: FL | Zip Code: 33952-

FEC ID number of contributing federal political committee: C

Name of Employer: Information Requested

Occupation: Information Requested

Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 06 / 29 / 2004

Transaction ID: 07012004 14C3835

Amount of Each Receipt this Period: 250.00

Receipt

[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 1130 La Palma Ct.

City: Punta Gorda | State: FL | Zip Code: 33950-

FEC ID number of contributing federal political committee: C

Name of Employer: St. Joseph Hospital

Occupation: Registered Nurse

Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 06 / 29 / 2004

Transaction ID: 07012004 14C3836

Amount of Each Receipt this Period: 250.00

Receipt

[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Dr. Swaroop Muppavarapu

Mailing Address P.O. Box 494857

City: Port Charlotte | State: FL | Zip Code: 33949-

FEC ID number of contributing federal political committee: C

Name of Employer: Self Employed

Occupation: Physician

Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)

Election Cycle-to-Date: 300.00

Date of Receipt: 06 / 29 / 2004

Transaction ID: 07012004 14C3840

Amount of Each Receipt this Period: 300.00

Receipt

[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 800.00

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

24020472111
24020472111

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) [X] 11a [ ] 11b [ ] 11c [ ] 11d [ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Mark O. Asperilla, M.D.
Mailing Address 287 Fields Ter., S.E.
City: Port Charlotte State: FL Zip Code: 33952-
FEC ID number of contributing federal political committee: C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00
Date of Receipt: 06 / 29 / 2004
Transaction ID: 0701200414C3841
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Juan I. Rivera, M.D.
Mailing Address 315-East Olympia Ave., Suite 111
City: Punta Gorda State: FL Zip Code: 33950-3633
FEC ID number of contributing federal political committee: C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00
Date of Receipt: 06 / 29 / 2004
Transaction ID: 0701200414C3842
Amount of Each Receipt this Period: 250.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Donald V. Woytowitz, Jr.
Mailing Address 3862 Bordeaux Dr.
City: Punta Gorda State: FL Zip Code: 33950-7910
FEC ID number of contributing federal political committee: C
Name of Employer: Florida Cancer Spec.
Occupation: Physician
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00
Date of Receipt: 06 / 29 / 2004
Transaction ID: 0701200414C3843
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1250.00

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

24020472112
24020472112

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 109 / 282
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
William A. Holt
Mailing Address 19401 Lauzon Ave.
City: Port Charlotte State: FL Zip Code: 33948-
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Physician
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 06 / 29 / 2004
Transaction ID: 0701200414C3844
Amount of Each Receipt this Period: 250.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
John E. Moenning
Mailing Address 3230 Antigua Dr.
City: Punta Gorda State: FL Zip Code: 33950-
FEC ID number of contributing federal political committee: C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 06 / 29 / 2004
Transaction ID: 0701200414C3847
Amount of Each Receipt this Period: 250.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Mark R. Toiner
Mailing Address 9624 Weatherstone Ct.
City: Windermere State: FL Zip Code: 34786-
FEC ID number of contributing federal political committee: C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 0701200414C3876
Amount of Each Receipt this Period: 2000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 2500.00

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

24020472113
24020472113

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 110 / 282

X 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (in Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
John R. Miller, Jr.
Mailing Address P.O. Box 436
City: Brewton State: AL Zip Code: 36427-
FEC ID number of contributing federal political committee: C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 07012004 14C3882
Amount of Each Receipt this Period: 500.00
Receipt
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Vincent J. Mazzel
Mailing Address 8930 W. State Road 84, No. 317
City: Davie State: FL Zip Code: 33324-4458
FEC ID number of contributing federal political committee: C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 0702200453C3894
Amount of Each Receipt this Period: 500.00
Receipt
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
H. Murray Todd
Mailing Address 3701 N.E. 24th Avenue
City: Lighthouse Point State: FL Zip Code: 33064-
FEC ID number of contributing federal political committee: C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 400.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 0702200453C3895
Amount of Each Receipt this Period: 400.00
Receipt
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 1400.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 111 / 282

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Bruce Zafran, MD
Mailing Address 7000 NW 67th Court
City: Parkland State: FL Zip Code: 33067-
FEC ID number of contributing federal political committee: C
Name of Employer: Information Requested
Occupation: Physician
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 0702200453C3897
Amount of Each Receipt this Period: 250.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Eduardo Alarcon
Mailing Address 3191 Coral Way, Suite 303
City: Miami State: FL Zip Code: 33145-
FEC ID number of contributing federal political committee: C
Name of Employer: MCCI
Occupation: Information Requested
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 0702200453C3898
Amount of Each Receipt this Period: 1000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Dr. Felix P. Quevedo
Mailing Address 4160 SW 140th Ave.
City: Miami State: FL Zip Code: 33175-
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare
Occupation: Information Requested
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 0702200453C3900
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 1750.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 112 / 282

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Margarita F. Argomaniz
Mailing Address 2200 S.W. 27th Ter
City: Miami State: FL Zip Code: 33133-
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare
Occupation: Information Requested
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 0702200453C3901
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Jane Asorey
Mailing Address 5821 SW 20th Street
City: Miami State: FL Zip Code: 33155-
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare
Occupation: Information Requested
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 0702200453C3902
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Sharon B. Houlihan
Mailing Address P.O. Box 816824
City: Hollywood State: FL Zip Code: 33081-
FEC ID number of contributing federal political committee: C
Name of Employer: National Audit Services
Occupation: Information Requested
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 0702200453C3903
Amount of Each Receipt this Period: 250.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 1250.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 113 / 282

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Nayla S. Fallece

Mailing Address 16821 S.W. 87th Ct.

City: Miami State: FL Zip Code: 33157-

FEC ID number of contributing federal political committee. C

Name of Employer: National Audit Services
Occupation: Information Requested

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 0702200453C3904
Amount of Each Receipt this Period: 250.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Julio A. Avello

Mailing Address 421 S. Mashta Dr.

City: Key Biscayne State: FL Zip Code: 33149-

FEC ID number of contributing federal political committee. C

Name of Employer: Prepaid Providers
Occupation: Information Requested

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 0702200453C3905
Amount of Each Receipt this Period: 1000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Raul Rodriguez

Mailing Address 14101 Commerce Way

City: Miami Lakes State: FL Zip Code: 33016-

FEC ID number of contributing federal political committee. C

Name of Employer: Ali Med
Occupation: Information Requested

Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 0702200453C3906
Amount of Each Receipt this Period: 1000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 2250.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 114 / 282

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Jaime A. Ribero, Jr.
Mailing Address 225 N.E. 86th St.
City: El Portal State: FL Zip Code: 33138-3075
FEC ID number of contributing federal political committee. C
Name of Employer: WellCare
Occupation: Information Requested
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 0702200453C3907
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Luis G. Mosquera
Mailing Address 555 Plaza Venetia Way, #27A
City: Miami State: FL Zip Code: 33132-
FEC ID number of contributing federal political committee. C
Name of Employer: Health Network One
Occupation: Information Requested
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 0702200453C3908
Amount of Each Receipt this Period: 1000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Rosa Cabezas De La Torre, M.D.
Mailing Address 10261 SW 58 St.
City: Miami State: FL Zip Code: 33173-
FEC ID number of contributing federal political committee. C
Name of Employer: Med Trust
Occupation: Information Requested
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 0702200453C3909
Amount of Each Receipt this Period: 1000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 2500.00

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

24020472118

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 115 / 282
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Pierre R. Blemur
Mailing Address 10940 S.W. 106th Ave.
City: Miami State: FL Zip Code: 33176-3440
FEC ID number of contributing federal political committee: C
Name of Employer: Med One Medical Center
Occupation: Physician
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 0702200453C3910
Amount of Each Receipt this Period: 1000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Rufus Joseph
Mailing Address 4911 S.W. 205th Ave.
City: Southwest Ranches State: FL Zip Code: 33332-1043
FEC ID number of contributing federal political committee: C
Name of Employer: Pediatrics PA
Occupation: Physician
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 0702200453C3911
Amount of Each Receipt this Period: 1000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Gerardo A. Nocuza
Mailing Address 16543 N.W. 5th Ct.
City: Pembroke Pines State: FL Zip Code: 33028-
FEC ID number of contributing federal political committee: C
Name of Employer: Pasteur Medical
Occupation: Information Requested
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 2500.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 0702200453C3912
Amount of Each Receipt this Period: 2500.00
Receipt
[X] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 4500.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 116 / 282

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Marilex Martinez
Mailing Address 8043 NW 198 St.
City: Miami State: FL Zip Code: 33015-
FEC ID number of contributing federal political committee: C
Name of Employer: Doctors Management Group
Occupation: Information Requested
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00
Date of Receipt: 06 / 30 / 2004
Transaction ID: 0702200453C3913
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Yadira Chavez
Mailing Address 4363 S.W. 10 Street
City: Miami State: FL Zip Code: 33134-2643
FEC ID number of contributing federal political committee: C
Name of Employer: Doctors Management Group
Occupation: Information Requested
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00
Date of Receipt: 06 / 30 / 2004
Transaction ID: 0702200453C3914
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Lodaska Garcia
Mailing Address 1865 S. Ocean Dr., Apt. 2-I
City: Hallandale Beach State: FL Zip Code: 33009-7607
FEC ID number of contributing federal political committee: C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00
Date of Receipt: 06 / 30 / 2004
Transaction ID: 0702200453C3915
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 1500.00

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

24020472120

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 117 / 282

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Richard A. Sexon
Mailing Address 10551 N.W. 68th St.
City: Parkland State: FL Zip Code: 33076-2951
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare
Occupation: Information Requested
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 07022004 53C3916
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Joel Lago
Mailing Address 9461 SW 10 Street
City: Miami State: FL Zip Code: 33174-
FEC ID number of contributing federal political committee: C
Name of Employer: Interamerican Medical Center
Occupation: Information Requested
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 07022004 53C3917
Amount of Each Receipt this Period: 1000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Sergio O. Ruiz
Mailing Address 1301 S.W. 126th Place
City: Miami State: FL Zip Code: 33184-
FEC ID number of contributing federal political committee: C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 07022004 53C3918
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 2000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 118 / 282
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Ira S. Weitsch
Mailing Address 10000 S.W. 122nd Terrace
City: Miami State: FL Zip Code: 33176-
FEC ID number of contributing federal political committee: C
Name of Employer: Physicians Office of Fl City
Occupation: Information Requested
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 1500.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 0702200453C3919
Amount of Each Receipt this Period: 1500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Pedro Hernandez
Mailing Address 8261 NW 165 Terrace
City: Miami Lakes State: FL Zip Code: 33016-
FEC ID number of contributing federal political committee: C
Name of Employer: Physician Partners Plus, Inc.
Occupation: Executive
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 1500.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 0702200453C3920
Amount of Each Receipt this Period: 1500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Kishoosh Kavoh
Mailing Address 3060 Rivershore Lane
City: Port Charlotte State: FL Zip Code: 33953-
FEC ID number of contributing federal political committee: C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 0702200453C3921
Amount of Each Receipt this Period: 250.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 3250.00

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

24020472122
24020472122

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 119 / 282
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Douglas M. Hershkowitz
Mailing Address 3415 Tripol Blvd.
City: Punta Gorda State: FL Zip Code: 33950-
FEC ID number of contributing federal political committee: C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00
Date of Receipt: 06 / 30 / 2004
Transaction ID: 0702200453C3922
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Joane R. Fleman
Mailing Address 2813 Coral Way
City: Punta Gorda State: FL Zip Code: 33950-6032
FEC ID number of contributing federal political committee: C
Name of Employer: Flagship Marine
Occupation: President
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00
Date of Receipt: 06 / 30 / 2004
Transaction ID: 0702200453C3923
Amount of Each Receipt this Period: 250.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Gunwant S. Dhaliwal
Mailing Address 1032 Toski Dr.
City: Trinity State: FL Zip Code: 34655-4640
FEC ID number of contributing federal political committee: C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00
Date of Receipt: 06 / 30 / 2004
Transaction ID: 0702200453C3924
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 1250.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 120 / 282

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Ray Young
Mailing Address 4808 Booth Road
City: Plant City State: FL Zip Code: 33565-
FEC ID number of contributing federal political committee: C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00
Date of Receipt: 06 / 30 / 2004
Transaction ID: 07082004422C3926
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Frank De Pena, M.D.
Mailing Address 11880 SW 40th St., Suite 305
City: Miami State: FL Zip Code: 33175-
FEC ID number of contributing federal political committee: C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00
Date of Receipt: 06 / 30 / 2004
Transaction ID: 07082004422C3930
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Essie Burgess
Mailing Address 15865 SW 6th Place, Condo 204
City: Pembroke Pines State: FL Zip Code: 33027-
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare
Occupation: Director of Community Relation
Receipt For: 2004 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00
Date of Receipt: 06 / 30 / 2004
Transaction ID: 07082004422C3933
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 1500.00

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

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24020472124

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 121 / 282

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
South Fla Physician Management Group,LLC
Mailing Address 7705 NW 48th St., Suite 100
City: Miami State: FL Zip Code: 33166-
FEC ID number of contributing federal political committee. C
Name of Employer
Occupation
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 0708200422C3939
Amount of Each Receipt this Period: 1000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Note: Partnership

B.
Full Name (Last, First, Middle Initial)
Roger Gonzalez
Mailing Address 7705 NW 48th St., Suite 100
City: Miami State: FL Zip Code: 33166-
FEC ID number of contributing federal political committee. C
Name of Employer: South Fla Physician Mgmt Grp
Occupation: Partner
Receipt For: 2004
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: 0708200422C3941
Amount of Each Receipt this Period: 1000.00
Memo
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Partnership->South Fla Physician Management Group,-LLC

SUBTOTAL of Receipts This Page (optional) ▶ 1000.00

TOTAL This Period (last page this line number only) ▶ 343450.00

24020472125

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 122 / 282

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
eBayInc Comm For Respon Internet Com PAC
Mailing Address 1200 G St., NW, Suite 800
City: Washington State: DC Zip Code: 20005-
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: 2004 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 2000.00
Date of Receipt: 05 / 17 / 2004
Transaction ID: 061120417C3687
Amount of Each Receipt this Period: 1000.00
Receipt
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
GrayRobinson, P.A. PAC
Mailing Address 301 E. Pine St., Suite 1400
City: Orlando State: FL Zip Code: 32801-
FEC ID number of contributing federal political committee: C
Name of Employer: Gray Robinson P.A.
Occupation: Attorney
Receipt For: 2004 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 2000.00
Date of Receipt: 04 / 12 / 2004
Transaction ID: 041320042C3546
Amount of Each Receipt this Period: 500.00
Receipt
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
GrayRobinson, P.A. PAC
Mailing Address 301 E. Pine St., Suite 1400
City: Orlando State: FL Zip Code: 32801-
FEC ID number of contributing federal political committee: C
Name of Employer: Gray Robinson P.A.
Occupation: Attorney
Receipt For: 2004 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 2500.00
Date of Receipt: 06 / 30 / 2004
Transaction ID: 070120041 4C3883
Amount of Each Receipt this Period: 500.00
Receipt
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 2000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 123 / 282
(check only one)
☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
WellCare Hlth Plan Inc.Good Govt Ed PAC

Mailing Address 5800 N. Dale Mabry, Suite 166

City: Tampa
State: FL
Zip Code: 33614-

FEC ID number of contributing federal political committee: C

Name of Employer

Occupation

Receipt For: 2004
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
04 22 2004

Transaction ID: 0511200445C3618

Amount of Each Receipt this Period
2000.00

Receipt

☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 2000.00

TOTAL This Period (last page this line number only) ▶ 4000.00

24020472127
24020472127

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 124 / 282
(check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☒ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
City of Tallahassee

Mailing Address 600 N. Monroe St.

City: Tallahassee
State: FL
Zip Code: 32301-1262

FEC ID number of contributing federal political committee. C

Name of Employer

Occupation

Receipt For: 2004
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
745.13

Date of Receipt
M 05 D 05 Y 2004

Transaction ID: 0511200445C3B47

Amount of Each Receipt this Period
745.13

Offsets to Operating Expenditu
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Note: Vendor Refund

SUBTOTAL of Receipts This Page (optional) ▶	745.13
TOTAL This Period (last page this line number only) ▶	745.13

24020472128
24020472128

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 125 / 282
(check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Colonial Bank
Mailing Address P.O. Box 1887
City: Birmingham State: AL Zip Code: 35201-
FEC ID number of contributing federal political committee: C
Name of Employer
Occupation
Receipt For: 2004
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 5301.25

Date of Receipt: 04 / 30 / 2004
Transaction ID: 0511200445C3661
Amount of Each Receipt this Period: 985.21
Other Receipt
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Note: Interest

B.
Full Name (Last, First, Middle Initial)
Colonial Bank
Mailing Address P.O. Box 1887
City: Birmingham State: AL Zip Code: 35201-
FEC ID number of contributing federal political committee: C
Name of Employer
Occupation
Receipt For: 2004
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 6320.33

Date of Receipt: 05 / 28 / 2004
Transaction ID: 0611200417C3745
Amount of Each Receipt this Period: 1019.08
Other Receipt
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Note: Interest

C.
Full Name (Last, First, Middle Initial)
Colonial Bank
Mailing Address P.O. Box 1887
City: Birmingham State: AL Zip Code: 35201-
FEC ID number of contributing federal political committee: C
Name of Employer
Occupation
Receipt For: 2004
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 7075.50

Date of Receipt: 06 / 30 / 2004
Transaction ID: 0708200457C3942
Amount of Each Receipt this Period: 755.17
Other Receipt
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Note: Interest

SUBTOTAL of Receipts This Page (optional) ▶ 2759.46

TOTAL This Period (last page this line number only) ▶ 2759.46

24020472129

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Bright House Networks
Mailing Address 525 Grand Regency Blvd.
City: Brandon State: FL Zip Code: 33510-3933
Purpose of Disbursement: INTERNET SERVICE
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0511200445E1310
Date of Disbursement: 05 / 04 / 2004
Amount of Each Disbursement this Period: 143.82
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
INTERNET SERVICE

B.
Full Name (Last, First, Middle Initial)
SunTrust BankCard, N.A.
Mailing Address P.O. Box 791250
City: Baltimore State: MD Zip Code: 21279-1250
Purpose of Disbursement: CREDIT CARD: SEE BELOW
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0421200446E1213
Date of Disbursement: 04 / 14 / 2004
Amount of Each Disbursement this Period: 1338.84
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
CREDIT CARD: SEE BELOW

C.
Full Name (Last, First, Middle Initial)
Shelbys American Bistro
Mailing Address 110 E. Reynolds St.
City: Plant City State: FL Zip Code: 33563-
Purpose of Disbursement: FOOD/BEVERAGE
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0421200446E1224
Date of Disbursement: 04 / 14 / 2004
Amount of Each Disbursement this Period: 7.96
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
(MEMO ITEM)
MEMO: FOOD/BEVERAGE

SUBTOTAL of Disbursements This Page (optional) ▶ 1482.66

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Excel Printing Center
Mailing Address 1102 S. Collins St.
City: Plant City State: FL Zip Code: 33563-
Purpose of Disbursement: PRINTING
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0421200446E1217
Date of Disbursement: 04 / 14 / 2004
Amount of Each Disbursement this Period: 253.59
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: PRINTING

B.
Full Name (Last, First, Middle Initial)
Excel Printing Center
Mailing Address 1102 S. Collins St.
City: Plant City State: FL Zip Code: 33563-
Purpose of Disbursement: PRINTING
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0421200446E1220
Date of Disbursement: 04 / 14 / 2004
Amount of Each Disbursement this Period: 746.06
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: PRINTING

C.
Full Name (Last, First, Middle Initial)
Excel Printing Center
Mailing Address 1102 S. Collins St.
City: Plant City State: FL Zip Code: 33563-
Purpose of Disbursement: PRINTING
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0421200446E1221
Date of Disbursement: 04 / 14 / 2004
Amount of Each Disbursement this Period: 55.69
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: PRINTING

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

24020472131

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Staples

Mailing Address 1868 Jim Redman Parkway

City: Plant City State: FL Zip Code: 33563-

Purpose of Disbursement: OFFICE SUPPLIES

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1223
Date of Disbursement: 04 / 14 / 2004

Amount of Each Disbursement this Period: 22.11

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: OFFICE SUPPLIES

B. Full Name (Last, First, Middle Initial)
Staples

Mailing Address 1868 Jim Redman Parkway

City: Plant City State: FL Zip Code: 33563-

Purpose of Disbursement: OFFICE SUPPLIES

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1222
Date of Disbursement: 04 / 14 / 2004

Amount of Each Disbursement this Period: 60.93

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: OFFICE SUPPLIES

C. Full Name (Last, First, Middle Initial)
MBA Graphics Of Tampa, Inc.

Mailing Address Aviation Division
201 Kelsey Lane

City: Tampa State: FL Zip Code: 33619-

Purpose of Disbursement: AIR TRAVEL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1252
Date of Disbursement: 04 / 21 / 2004

Amount of Each Disbursement this Period: 2640.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

AIR TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶ 2640.00

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

24020472132

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Rafael Perez

Mailing Address 65 Olive Drive

City: Hialeah | State: FL | Zip Code: 33010-

Purpose of Disbursement
REIMBURSEMENT: SEE BELOW

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1080
Date of Disbursement: 04 / 07 / 2004

Amount of Each Disbursement this Period: 4960.72

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

REIMBURSEMENT: SEE BELOW

B. Full Name (Last, First, Middle Initial)
Florida Legislature

Mailing Address Room 701, 111 W. Madison St.
Claude Pepper Building

City: Tallahassee | State: FL | Zip Code: 32399-1400

Purpose of Disbursement
CAMPAIGN EMPLOYEE MEDICAL INSURANCE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1082
Date of Disbursement: 04 / 07 / 2004

Amount of Each Disbursement this Period: 44.94

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: CAMPAIGN EMPLOYEE MEDICAL INSURANCE

C. Full Name (Last, First, Middle Initial)
Rafael Perez

Mailing Address 65 Olive Drive

City: Hialeah | State: FL | Zip Code: 33010-

Purpose of Disbursement
POLITICAL CONSULTING

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1081
Date of Disbursement: 04 / 07 / 2004

Amount of Each Disbursement this Period: 4500.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: POLITICAL CONSULTING

SUBTOTAL of Disbursements This Page (optional) ▶ 4960.72

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

24020472133

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
State Health Trust Fund

Mailing Address: Room 701, 111 W. Madison St. Claude Pepper Building

City: Tallahassee State: FL Zip Code: 32399-1400

Purpose of Disbursement: CAMPAIGN EMPLOYEE MEDICAL INSURANCE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1235
Date of Disbursement: 04 / 07 / 2004

Amount of Each Disbursement this Period: 352.22

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: CAMPAIGN EMPLOYEE MEDICAL INSURANCE

B.
Full Name (Last, First, Middle Initial)
Johnnie Byrd

Mailing Address: 2385 Hammock Drive

City: Plant City State: FL Zip Code: 33565-

Purpose of Disbursement: REIMBURSEMENT: SEE BELOW

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1144
Date of Disbursement: 04 / 05 / 2004

Amount of Each Disbursement this Period: 911.44

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

REIMBURSEMENT: SEE BELOW

C.
Full Name (Last, First, Middle Initial)
Smokey Bones BBQ & Sports Bar

Mailing Address: 3131 Capital Cir NE

City: Tallahassee State: FL Zip Code: 32308-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1212
Date of Disbursement: 04 / 05 / 2004

Amount of Each Disbursement this Period: 142.82

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 911.44

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

24020472134

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Smokey Bones BBQ & Sports Bar

Transaction ID: 0421200446E1209
Date of Disbursement: 04 / 05 / 2004

Mailing Address 3131 Capital Cir NE

City: Tallahassee State: FL Zip Code: 32308-

Amount of Each Disbursement this Period: 62.69

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/Type

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

B. Full Name (Last, First, Middle Initial)
Shelbys American Bistro

Transaction ID: 0421200446E1203
Date of Disbursement: 04 / 05 / 2004

Mailing Address 110 E. Reynolds St.

City: Plant City State: FL Zip Code: 33563-

Amount of Each Disbursement this Period: 6.25

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/Type

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

C. Full Name (Last, First, Middle Initial)
Shelbys American Bistro

Transaction ID: 0421200446E1204
Date of Disbursement: 04 / 05 / 2004

Mailing Address 110 E. Reynolds St.

City: Plant City State: FL Zip Code: 33563-

Amount of Each Disbursement this Period: 11.06

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/Type

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

24020472135

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Shelbys American Bistro

Transaction ID: 042120D446E1211
Date of Disbursement: 04 / 05 / 2004

Mailing Address 110 E. Reynolds St.

City: Plant City | State: FL | Zip Code: 33563-

Amount of Each Disbursement this Period: 87.56

Purpose of Disbursement: FOOD/BEVERAGE
Candidate Name
Category/Type

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

B. Full Name (Last, First, Middle Initial)
Dell Catalog Sales

Transaction ID: 042120D446E1206
Date of Disbursement: 04 / 05 / 2004

Mailing Address 1 Dell Way

City: Round Rock | State: TX | Zip Code: 78682-

Amount of Each Disbursement this Period: 171.20

Purpose of Disbursement: COMPUTER EQUIPMENT
Candidate Name
Category/Type

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: COMPUTER EQUIPMENT

Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

C. Full Name (Last, First, Middle Initial)
Outback Restaurant

Transaction ID: 042120D446E1208
Date of Disbursement: 04 / 05 / 2004

Mailing Address 1203 Townsgate Ct.

City: Plant City | State: FL | Zip Code: 33563-

Amount of Each Disbursement this Period: 157.31

Purpose of Disbursement: FOOD/BEVERAGE
Candidate Name
Category/Type

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

24020472136

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Palm Restaurant

Mailing Address 205 Westshore Plaza

City: Tampa State: FL Zip Code: 33609-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1202
Date of Disbursement: 04 / 05 / 2004

Amount of Each Disbursement this Period: 126.12

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

B. Full Name (Last, First, Middle Initial)
Republic Parking

Mailing Address 5503 Spruce St.

City: Tampa State: FL Zip Code: 33601-

Purpose of Disbursement: PARKING

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1210
Date of Disbursement: 04 / 05 / 2004

Amount of Each Disbursement this Period: 22.75

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: PARKING

C. Full Name (Last, First, Middle Initial)
Staples

Mailing Address 1666 Jim Redman Parkway

City: Plant City State: FL Zip Code: 33563-

Purpose of Disbursement: OFFICE SUPPLIES

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1207
Date of Disbursement: 04 / 05 / 2004

Amount of Each Disbursement this Period: 69.54

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

24020472137

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

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

Mailing Address 1408 Plantation Circle., #1101

City: Plant City | State: FL | Zip Code: 33566-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1270
Date of Disbursement: 04 / 30 / 2004

Amount of Each Disbursement this Period: 1390.69

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL

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

Mailing Address 65 Olive Drive

City: Hialeah | State: FL | Zip Code: 33010-

Purpose of Disbursement
REIMBURSEMENT: SEE BELOW

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1319
Date of Disbursement: 05 / 05 / 2004

Amount of Each Disbursement this Period: 4909.27

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

REIMBURSEMENT: SEE BELOW

C. Full Name (Last, First, Middle Initial)
Florida Legislature

Mailing Address Room 701, 111 W. Madison St.
Claude Pepper Building

City: Tallahassee | State: FL | Zip Code: 32399-1400

Purpose of Disbursement
CAMPAIGN EMPLOYEE MEDICAL INSURANCE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1322
Date of Disbursement: 05 / 05 / 2004

Amount of Each Disbursement this Period: 47.05

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: CAMPAIGN EMPLOYEE MEDICAL INSURANCE

SUBTOTAL of Disbursements This Page (optional) ▶ 6299.96

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

24020472138

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Rafael Perez

Mailing Address 65 Olive Drive

City: Hialeah State: FL Zip Code: 33010-

Purpose of Disbursement: POLITICAL CONSULTING

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1320
Date of Disbursement: 05 / 05 / 2004

Amount of Each Disbursement this Period: 4500.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: POLITICAL CONSULTING

B. Full Name (Last, First, Middle Initial)
State Health Trust Fund

Mailing Address Room 701, 111 W. Madison St.
Claude Pepper Building

City: Tallahassee State: FL Zip Code: 32399-1400

Purpose of Disbursement: CAMPAIGN EMPLOYEE MEDICAL INSURANCE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1321
Date of Disbursement: 05 / 05 / 2004

Amount of Each Disbursement this Period: 362.22

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: CAMPAIGN EMPLOYEE MEDICAL INSURANCE

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

Mailing Address 5984 Harvey Tew Rd.

City: Plant City State: FL Zip Code: 33565-

Purpose of Disbursement: PAYROLL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1265
Date of Disbursement: 04 / 30 / 2004

Amount of Each Disbursement this Period: 1101.88

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶ 1101.88

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

24020472139

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Tampa Electric

Mailing Address P.O. Box 31318

City: Tampa State: FL Zip Code: 33631-3318

Purpose of Disbursement: UTILITIES

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1152
Date of Disbursement: 04 / 14 / 2004

Amount of Each Disbursement this Period: 142.33

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

UTILITIES

B. Full Name (Last, First, Middle Initial)
Patricia A. McClure

Mailing Address 2618 Durant Oaks Dr.

City: Valrico State: FL Zip Code: 33594-

Purpose of Disbursement: PAYROLL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1232
Date of Disbursement: 04 / 16 / 2004

Amount of Each Disbursement this Period: 1254.48

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL

C. Full Name (Last, First, Middle Initial)
Foley & Lardner, LLP

Mailing Address 3000 K Street, N.W.

City: Washington State: DC Zip Code: 20007-5101

Purpose of Disbursement: POLITICAL/LEGAL CONSULTING

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1084
Date of Disbursement: 04 / 08 / 2004

Amount of Each Disbursement this Period: 6499.37

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

POLITICAL/LEGAL CONSULTING

SUBTOTAL of Disbursements This Page (optional) ▶ 7896.16

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

24020472140
24020472140

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
WellCare, Inc.

Mailing Address 6800 N. Dale Mabry Hwy, Ste 268

City: Tampa State: FL Zip Code: 33614-

Purpose of Disbursement
AIR TRAVEL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0625200426E1538
Date of Disbursement: 06 / 22 / 2004

Amount of Each Disbursement this Period: 520.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

AIR TRAVEL

B.
Full Name (Last, First, Middle Initial)
Red Sea, LLC

Mailing Address 1111 19th St. NW, Suite 211

City: Washington State: DC Zip Code: 20036-

Purpose of Disbursement
ADVERTISING

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1501
Date of Disbursement: 06 / 10 / 2004

Amount of Each Disbursement this Period: 148380.37

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

ADVERTISING

C.
Full Name (Last, First, Middle Initial)
Sherer E. Byrd

Mailing Address 2835 Hammock Dr.

City: Plant City State: FL Zip Code: 33566-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1476
Date of Disbursement: 06 / 11 / 2004

Amount of Each Disbursement this Period: 742.88

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶ 149643.25

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

24020472141

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Electronic Merchant Systems

Transaction ID: 0708200458E1722
Date of Disbursement: 06 / 30 / 2004

Mailing Address: 5005 Rockside Rd., Ste. PH100

City: Independence | State: OH | Zip Code: 44131-6626

Amount of Each Disbursement this Period: 55.86

Purpose of Disbursement: CREDIT CARD PROCESSING FEES

Candidate Name

Category/Type

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

CREDIT CARD PROCESSING FEES

B.
Full Name (Last, First, Middle Initial)
Koch & Hoos, LLC

Transaction ID: 0611200417E1518
Date of Disbursement: 06 / 10 / 2004

Mailing Address: P.O. Box 1154

City: Alexandria | State: VA | Zip Code: 22313-

Amount of Each Disbursement this Period: 1020.00

Purpose of Disbursement: ACCOUNTING CONSULTING

Candidate Name

Category/Type

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

ACCOUNTING CONSULTING

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

Transaction ID: 0611200417E1475
Date of Disbursement: 06 / 11 / 2004

Mailing Address: 5984 Harvey Tew Rd.

City: Plant City | State: FL | Zip Code: 33565-

Amount of Each Disbursement this Period: 1101.89

Purpose of Disbursement: PAYROLL

Candidate Name

Category/Type

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶ 2177.75

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Patricia A. McClure

Mailing Address 2618 Durant Oaks Dr.

City: Valrico | State: FL | Zip Code: 33594-

Purpose of Disbursement: PAYROLL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200445E1036
Date of Disbursement: 04 / 02 / 2004

Amount of Each Disbursement this Period: 1254.47

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL

B. Full Name (Last, First, Middle Initial)
WJP Enterprises, Inc

Mailing Address 1402 E. Spencer St.

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: COMPUTER CONSULTING

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1261
Date of Disbursement: 04 / 27 / 2004

Amount of Each Disbursement this Period: 1000.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

COMPUTER CONSULTING

C. Full Name (Last, First, Middle Initial)
Garcia, Mackin & Associates, Inc.

Mailing Address PO Box 1222

City: Safety Harbor | State: FL | Zip Code: 34695-

Purpose of Disbursement: MEDIA CONSULTING

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1262
Date of Disbursement: 04 / 27 / 2004

Amount of Each Disbursement this Period: 15000.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

MEDIA CONSULTING

SUBTOTAL of Disbursements This Page (optional) ▶ 17254.47

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

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Kelleigh Klein
Mailing Address 2802 Hammock Dr.
City: Plant City State: FL Zip Code: 33566-
Purpose of Disbursement: OFFICE SUPPLIES REIMBURSEMENT
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1352
Date of Disbursement: 05 / 05 / 2004
Amount of Each Disbursement this Period: 85.67
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
OFFICE SUPPLIES REIMBURSEMENT

B.
Full Name (Last, First, Middle Initial)
Sherar E. Byrd
Mailing Address 2835 Hammock Dr.
City: Plant City State: FL Zip Code: 33566-
Purpose of Disbursement: PAYROLL
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0625200426E1541
Date of Disbursement: 06 / 25 / 2004
Amount of Each Disbursement this Period: 742.88
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
PAYROLL

C.
Full Name (Last, First, Middle Initial)
Laurel L. Sherer
Mailing Address 2835 Hammock Dr.
City: Plant City State: FL Zip Code: 33566-
Purpose of Disbursement: PAYROLL
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1480
Date of Disbursement: 06 / 11 / 2004
Amount of Each Disbursement this Period: 556.70
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶ 1387.25

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

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
MBA Graphics Of Tampa, Inc.

Transaction ID: 0511200445E1264
Date of Disbursement: 04 / 28 / 2004

Mailing Address: Aviation Division, 201 Kelsey Lane

City: Tampa | State: FL | Zip Code: 33619-

Amount of Each Disbursement this Period: 1080.00

Purpose of Disbursement: AIR TRAVEL

Candidate Name:

Category/Type:

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

AIR TRAVEL

B.
Full Name (Last, First, Middle Initial)
ADP Easypay

Transaction ID: 0511200445E1271
Date of Disbursement: 04 / 30 / 2004

Mailing Address: 4900 Lemon Street

City: Tampa | State: FL | Zip Code: 33609-

Amount of Each Disbursement this Period: 2107.68

Purpose of Disbursement: PAYROLL TAXES

Candidate Name:

Category/Type:

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

PAYROLL TAXES

C.
Full Name (Last, First, Middle Initial)
Hugh E. McGuire

Transaction ID: 0421200446C3557IK
Date of Disbursement: 04 / 08 / 2004

Mailing Address: 11690 Erie Rd.

City: Parrish | State: FL | Zip Code: 34219-

Amount of Each Disbursement this Period: 250.00

Purpose of Disbursement: EVENT FOOD & DRINK

Candidate Name:

Category/Type:

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

IN KIND: EVENT FOOD & DRINK

SUBTOTAL of Disbursements This Page (optional) ▶ 3437.68

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

24020472145

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Johnnie Byrd
Mailing Address 2385 Hammock Drive
City Plant City State FL Zip Code 33566-
Purpose of Disbursement
REIMBURSEMENT: SEE BELOW
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1143
Date of Disbursement 04 / 05 / 2004
Amount of Each Disbursement this Period 3974.93
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
REIMBURSEMENT: SEE BELOW

B.
Full Name (Last, First, Middle Initial)
Airtran Airways
Mailing Address 140 Happy Valley Ct.
City Newnan State GA Zip Code 30263-
Purpose of Disbursement
AIR TRAVEL
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1171
Date of Disbursement 04 / 05 / 2004
Amount of Each Disbursement this Period 244.20
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: AIR TRAVEL

C.
Full Name (Last, First, Middle Initial)
Andrews Downtown
Mailing Address 228 S. Adams St.
City Tallahassee State FL Zip Code 32301-
Purpose of Disbursement
FOOD/BEVERAGE
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1161
Date of Disbursement 04 / 05 / 2004
Amount of Each Disbursement this Period 25.07
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: FOOD/BEVERAGE

SUBTOTAL of Disbursements This Page (optional) ▶ 3974.93

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Applebees
Mailing Address 1204 Townsgate Court
City: Plant City State: FL Zip Code: 33563-
Purpose of Disbursement: FOOD/BEVERAGE
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0421200446E1169
Date of Disbursement: 04 / 05 / 2004
Amount of Each Disbursement this Period: 22.93
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: FOOD/BEVERAGE

B.
Full Name (Last, First, Middle Initial)
Applebees
Mailing Address 1204 Townsgate Court
City: Plant City State: FL Zip Code: 33563-
Purpose of Disbursement: FOOD/BEVERAGE
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0421200446E1182
Date of Disbursement: 04 / 05 / 2004
Amount of Each Disbursement this Period: 52.80
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: FOOD/BEVERAGE

C.
Full Name (Last, First, Middle Initial)
Avis Rent-A-Car
Mailing Address 1555 Perimeter Rd.
City: Dania State: FL Zip Code: 33004-
Purpose of Disbursement: AUTO RENTAL
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0421200446E1195
Date of Disbursement: 04 / 05 / 2004
Amount of Each Disbursement this Period: 42.28
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: AUTO RENTAL

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Avis Rent-A-Car

Mailing Address 1555 Perimeter Rd.

City: Dania | State: FL | Zip Code: 33004-

Purpose of Disbursement: AUTO RENTAL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1196
Date of Disbursement: 04 / 05 / 2004

Amount of Each Disbursement this Period: 137.57

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: AUTO RENTAL

B.
Full Name (Last, First, Middle Initial)
Avis Rent-A-Car

Mailing Address 1555 Perimeter Rd.

City: Dania | State: FL | Zip Code: 33004-

Purpose of Disbursement: AUTO RENTAL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1197
Date of Disbursement: 04 / 05 / 2004

Amount of Each Disbursement this Period: 130.51

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: AUTO RENTAL

C.
Full Name (Last, First, Middle Initial)
Avis Rent-A-Car

Mailing Address 1555 Perimeter Rd.

City: Dania | State: FL | Zip Code: 33004-

Purpose of Disbursement: AUTO RENTAL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1201
Date of Disbursement: 04 / 05 / 2004

Amount of Each Disbursement this Period: 76.91

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: AUTO RENTAL

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Avis Rent-A-Car

Mailing Address 1555 Perimeter Rd.

City: Dania | State: FL | Zip Code: 33004-

Purpose of Disbursement: AUTO RENTAL

Candidate Name:

Category/Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1194
Date of Disbursement: 04 / 05 / 2004

Amount of Each Disbursement this Period: 41.60

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: AUTO RENTAL

B. Full Name (Last, First, Middle Initial)
Avis Rent-A-Car

Mailing Address 1555 Perimeter Rd.

City: Dania | State: FL | Zip Code: 33004-

Purpose of Disbursement: AUTO RENTAL

Candidate Name:

Category/Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1174
Date of Disbursement: 04 / 05 / 2004

Amount of Each Disbursement this Period: 191.46

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: AUTO RENTAL

C. Full Name (Last, First, Middle Initial)
Avis Rent-A-Car

Mailing Address 1555 Perimeter Rd.

City: Dania | State: FL | Zip Code: 33004-

Purpose of Disbursement: AUTO RENTAL

Candidate Name:

Category/Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1175
Date of Disbursement: 04 / 05 / 2004

Amount of Each Disbursement this Period: 40.92

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: AUTO RENTAL

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Smokey Bones BBQ & Sports Bar
Mailing Address 3131 Capital Cir NE
City: Tallahassee State: FL Zip Code: 32308-
Purpose of Disbursement: FOOD/BEVERAGE
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0421200446E1170
Date of Disbursement: 04 / 05 / 2004
Amount of Each Disbursement this Period: 68.01
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: FOOD/BEVERAGE

B.
Full Name (Last, First, Middle Initial)
Smokey Bones BBQ & Sports Bar
Mailing Address 3131 Capital Cir NE
City: Tallahassee State: FL Zip Code: 32308-
Purpose of Disbursement: FOOD/BEVERAGE
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0421200446E1160
Date of Disbursement: 04 / 05 / 2004
Amount of Each Disbursement this Period: 47.37
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: FOOD/BEVERAGE

C.
Full Name (Last, First, Middle Initial)
Barnes & Noble
Mailing Address 122 Brandon Town Center Dr
City: Brandon State: FL Zip Code: 33510-
Purpose of Disbursement: PERIODICALS/LITERATURE
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0421200446E1168
Date of Disbursement: 04 / 05 / 2004
Amount of Each Disbursement this Period: 39.19
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: PERIODICALS/LITERATURE

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

24020472150

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Best Buy Co.
Mailing Address 116 Grand Regency Blvd.
City Brandon State FL Zip Code 33510-
Purpose of Disbursement
COMPUTER EXPENSE
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1199
Date of Disbursement 04 / 05 / 2004
Amount of Each Disbursement this Period 282.43
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: COMPUTER EXPENSE

B.
Full Name (Last, First, Middle Initial)
Best Buy Co.
Mailing Address 116 Grand Regency Blvd.
City Brandon State FL Zip Code 33510-
Purpose of Disbursement
COMPUTER EXPENSE
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1193
Date of Disbursement 04 / 05 / 2004
Amount of Each Disbursement this Period 510.36
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: COMPUTER EXPENSE

C.
Full Name (Last, First, Middle Initial)
Best Buy Co.
Mailing Address 116 Grand Regency Blvd.
City Brandon State FL Zip Code 33510-
Purpose of Disbursement
COMPUTER EXPENSE
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1172
Date of Disbursement 04 / 05 / 2004
Amount of Each Disbursement this Period 602.39
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: COMPUTER EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Best Buy Co.

Mailing Address 116 Grand Regency Blvd.

City: Brandon State: FL Zip Code: 33510-

Purpose of Disbursement
COMPUTER EXPENSE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1185
Date of Disbursement: 04 / 05 / 2004

Amount of Each Disbursement this Period: 53.49

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: COMPUTER EXPENSE

B. Full Name (Last, First, Middle Initial)
Shelbys American Bistro

Mailing Address 110 E. Reynolds St.

City: Plant City State: FL Zip Code: 33563-

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1188
Date of Disbursement: 04 / 05 / 2004

Amount of Each Disbursement this Period: 8.76

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

C. Full Name (Last, First, Middle Initial)
Shelbys American Bistro

Mailing Address 110 E. Reynolds St.

City: Plant City State: FL Zip Code: 33563-

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1189
Date of Disbursement: 04 / 05 / 2004

Amount of Each Disbursement this Period: 6.83

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Shelbys American Bistro

Mailing Address 110 E. Reynolds St.

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1192
Date of Disbursement: 04 / 05 / 2004

Amount of Each Disbursement this Period: 42.84

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

B.
Full Name (Last, First, Middle Initial)
Shelbys American Bistro

Mailing Address 110 E. Reynolds St.

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1186
Date of Disbursement: 04 / 05 / 2004

Amount of Each Disbursement this Period: 25.40

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

C.
Full Name (Last, First, Middle Initial)
Shelbys American Bistro

Mailing Address 110 E. Reynolds St.

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1186
Date of Disbursement: 04 / 05 / 2004

Amount of Each Disbursement this Period: 21.95

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Shelbys American Bistro
Mailing Address 110 E. Reynolds St.
City: Plant City State: FL Zip Code: 33563-
Purpose of Disbursement: FOOD/BEVERAGE
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0421200446E1167
Date of Disbursement: 04 / 05 / 2004
Amount of Each Disbursement this Period: 6.92
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: FOOD/BEVERAGE

B.
Full Name (Last, First, Middle Initial)
Shelbys American Bistro
Mailing Address 110 E. Reynolds St.
City: Plant City State: FL Zip Code: 33563-
Purpose of Disbursement: FOOD/BEVERAGE
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0421200446E1163
Date of Disbursement: 04 / 05 / 2004
Amount of Each Disbursement this Period: 12.27
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: FOOD/BEVERAGE

C.
Full Name (Last, First, Middle Initial)
Shelbys American Bistro
Mailing Address 110 E. Reynolds St.
City: Plant City State: FL Zip Code: 33563-
Purpose of Disbursement: FOOD/BEVERAGE
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0421200446E1164
Date of Disbursement: 04 / 05 / 2004
Amount of Each Disbursement this Period: 7.39
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: FOOD/BEVERAGE

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Shelbys American Bistro
Mailing Address 110 E. Reynolds St.
City: Plant City State: FL Zip Code: 33563-
Purpose of Disbursement: FOOD/BEVERAGE
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0421200446E1165
Date of Disbursement: 04 / 05 / 2004
Amount of Each Disbursement this Period: 12.08
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: FOOD/BEVERAGE

B.
Full Name (Last, First, Middle Initial)
Freds Market Restaurant
Mailing Address 1407 W. Dr. MLK Jr. Blvd. Box 11
City: Plant City State: FL Zip Code: 33563-
Purpose of Disbursement: FOOD/BEVERAGE
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0421200446E1160
Date of Disbursement: 04 / 05 / 2004
Amount of Each Disbursement this Period: 40.78
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: FOOD/BEVERAGE

C.
Full Name (Last, First, Middle Initial)
Nextel Wireless Svc
Mailing Address 333 Inverness Dr. S
City: Englewood State: CO Zip Code: 80112-
Purpose of Disbursement: TELEPHONE
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0421200446E1184
Date of Disbursement: 04 / 05 / 2004
Amount of Each Disbursement this Period: 71.68
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: TELEPHONE

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

24020472155

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Outback Restaurant

Mailing Address 1203 Townsgate Ct.

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1190
Date of Disbursement: 04 / 05 / 2004

Amount of Each Disbursement this Period: 112.83

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

B.
Full Name (Last, First, Middle Initial)
Outback Restaurant

Mailing Address 1203 Townsgate Ct.

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1159
Date of Disbursement: 04 / 05 / 2004

Amount of Each Disbursement this Period: 128.90

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

C.
Full Name (Last, First, Middle Initial)
Outback Restaurant

Mailing Address 1203 Townsgate CL

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1179
Date of Disbursement: 04 / 05 / 2004

Amount of Each Disbursement this Period: 47.97

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

24020472156

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Outback Restaurant

Mailing Address 1203 Townsgate Ct.

City: Plant City State: FL Zip Code: 33563-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1167
Date of Disbursement: 04 / 05 / 2004

Amount of Each Disbursement this Period: 77.22

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

B. Full Name (Last, First, Middle Initial)
Marcy L. Sawyer

Mailing Address 408 E. Virginia Ave.

City: Plant City State: FL Zip Code: 33563-

Purpose of Disbursement: PAYROLL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1468
Date of Disbursement: 05 / 28 / 2004

Amount of Each Disbursement this Period: 866.56

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL

C. Full Name (Last, First, Middle Initial)
Sprint

Mailing Address P.O. Box 30723

City: Tampa State: FL Zip Code: 33630-3723

Purpose of Disbursement: TELEPHONES

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1309
Date of Disbursement: 05 / 04 / 2004

Amount of Each Disbursement this Period: 325.23

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TELEPHONES

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 1211.79

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Office Depot, Inc.

Transaction ID: 0511200445E1313
Date of Disbursement: 05 / 04 / 2004

Mailing Address: 2200 Old Germantown Road

City: Delray Beach | State: FL | Zip Code: 33445-

Amount of Each Disbursement this Period: 261.63

Purpose of Disbursement: OFFICE SUPPLIES

Candidate Name

Category/Type

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

OFFICE SUPPLIES

B. Full Name (Last, First, Middle Initial)
Edwards, Platt, Raulerson & Co. PA

Transaction ID: 0511200445E1315
Date of Disbursement: 05 / 04 / 2004

Mailing Address: 101 E. Mahoney St.

City: Plant City | State: FL | Zip Code: 33563-

Amount of Each Disbursement this Period: 3750.00

Purpose of Disbursement: ACCOUNTING/CONSULTING SERVICES

Candidate Name

Category/Type

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

ACCOUNTING/CONSULTING SERVICES

C. Full Name (Last, First, Middle Initial)
Maggie E. Hehn

Transaction ID: 0611200417E1465
Date of Disbursement: 05 / 28 / 2004

Mailing Address: 904 W. Pinedale Dr.

City: Plant City | State: FL | Zip Code: 33565-

Amount of Each Disbursement this Period: 541.77

Purpose of Disbursement: PAYROLL

Candidate Name

Category/Type

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶ 4553.40

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

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
WellCare, Inc.

Mailing Address 6800 N. Dale Mabry Hwy, Ste 268

City Tampa State FL Zip Code 33614-

Purpose of Disbursement
AIR TRAVEL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 061120041 7E1391
Date of Disbursement 05 / 21 / 2004

Amount of Each Disbursement this Period
1232.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

AIR TRAVEL

B. Full Name (Last, First, Middle Initial)
Foley & Lardner, LLP

Mailing Address 3000 K Street, N.W.

City Washington State DC Zip Code 20007-5101

Purpose of Disbursement
POLITICAL/LEGAL CONSULTING

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 061120041 7E1525
Date of Disbursement 06 / 10 / 2004

Amount of Each Disbursement this Period
876.54

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

POLITICAL/LEGAL CONSULTING

C. Full Name (Last, First, Middle Initial)
Florida Legislature

Mailing Address Room 701, 111 W. Madison St.
Claude Pepper Building

City Tallahassee State FL Zip Code 32399-1400

Purpose of Disbursement
CAMPAIGN EMPLOYEE MEDICAL INSURANCE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 061120041 7E1384
Date of Disbursement 05 / 21 / 2004

Amount of Each Disbursement this Period
37.68

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CAMPAIGN EMPLOYEE MEDICAL INSURANCE

SUBTOTAL of Disbursements This Page (optional) ▶ 2146.22

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Johnnie Byrd

Mailing Address 2385 Hammock Drive

City: Plant City State: FL Zip Code: 33566-

Purpose of Disbursement
REIMBURSEMENT; SEE BELOW

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1496
Date of Disbursement: 06 / 10 / 2004

Amount of Each Disbursement this Period: 197.59

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

REIMBURSEMENT: SEE BELOW

B. Full Name (Last, First, Middle Initial)
Plant City Airport Services

Mailing Address 4007 Airport Road

City: Plant City State: FL Zip Code: 33563-1134

Purpose of Disbursement
AIR TRAVEL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1497
Date of Disbursement: 06 / 10 / 2004

Amount of Each Disbursement this Period: 197.59

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: AIR TRAVEL

C. Full Name (Last, First, Middle Initial)
Maggie E. Hehn

Mailing Address 904 W. Pinedale Dr.

City: Plant City State: FL Zip Code: 33565-

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1462
Date of Disbursement: 06 / 02 / 2004

Amount of Each Disbursement this Period: 29.88

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶ 227.47

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

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Sprint

Mailing Address P.O. Box 30723

City: Tampa State: FL Zip Code: 33630-3723

Purpose of Disbursement: TELEPHONES

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1500
Date of Disbursement: 06 / 10 / 2004

Amount of Each Disbursement this Period: 315.58

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TELEPHONES

B. Full Name (Last, First, Middle Initial)
Excel Printing Center

Mailing Address 1102 S. Collins St.

City: Plant City State: FL Zip Code: 33563-

Purpose of Disbursement: PRINTING

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1056
Date of Disbursement: 04 / 01 / 2004

Amount of Each Disbursement this Period: 1645.23

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PRINTING

C. Full Name (Last, First, Middle Initial)
ADT Security Services

Mailing Address P.O. Box 96175

City: Las Vegas State: NV Zip Code: 89193-

Purpose of Disbursement: SECURITY

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1506
Date of Disbursement: 06 / 10 / 2004

Amount of Each Disbursement this Period: 138.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SECURITY

SUBTOTAL of Disbursements This Page (optional) ▶ 2098.81

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

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24020472161

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Flyer Printing Company, Inc.
Mailing Address 201 Kelsey Lane
City: Tampa State: FL Zip Code: 33675-
Purpose of Disbursement: PRINTING
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1314
Date of Disbursement: 05 / 04 / 2004
Amount of Each Disbursement this Period: 13099.87
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
PRINTING

B.
Full Name (Last, First, Middle Initial)
Kelleigh Klein
Mailing Address 2602 Hammock Dr.
City: Plant City State: FL Zip Code: 33566-
Purpose of Disbursement: PAYROLL
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1466
Date of Disbursement: 05 / 28 / 2004
Amount of Each Disbursement this Period: 1805.18
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
PAYROLL

C.
Full Name (Last, First, Middle Initial)
Kelleigh Klein
Mailing Address 2602 Hammock Dr.
City: Plant City State: FL Zip Code: 33566-
Purpose of Disbursement: PAYROLL
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1267
Date of Disbursement: 04 / 30 / 2004
Amount of Each Disbursement this Period: 1805.17
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶ 16710.22

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Red Sea, LLC

Mailing Address 1111 19th St. NW, Suite 211

City: Washington State: DC Zip Code: 20036-

Purpose of Disbursement
MEDIA CONSULTING/PRODUCTION

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1146
Date of Disbursement: 04 / 14 / 2004

Amount of Each Disbursement this Period: 15000.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

MEDIA CONSULTING/PRODUCTION

B. Full Name (Last, First, Middle Initial)
Florida Legislature

Mailing Address Room 701, 111 W. Madison St. Claude Pepper Building

City: Tallahassee State: FL Zip Code: 32399-1400

Purpose of Disbursement
CAMPAIGN EMPLOYEE MEDICAL INSURANCE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1362
Date of Disbursement: 05 / 21 / 2004

Amount of Each Disbursement this Period: 32.32

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CAMPAIGN EMPLOYEE MEDICAL INSURANCE

C. Full Name (Last, First, Middle Initial)
Ernest Blazar

Mailing Address 424 S Fayette St.

City: Alexandria State: VA Zip Code: 22314-1045

Purpose of Disbursement
ISSUE RESEARCH

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1157
Date of Disbursement: 04 / 14 / 2004

Amount of Each Disbursement this Period: 5000.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

ISSUE RESEARCH

SUBTOTAL of Disbursements This Page (optional) ▶ 20032.32

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
ADP Easypay

Mailing Address 4900 Lemon Street

City: Tampa State: FL Zip Code: 33609-

Purpose of Disbursement
PROCESSING FEE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1363
Date of Disbursement: 05 / 14 / 2004

Amount of Each Disbursement this Period: 61.10

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PROCESSING FEE

B. Full Name (Last, First, Middle Initial)
Johnnie Byrd

Mailing Address 2385 Hammock Drive

City: Plant City State: FL Zip Code: 33566-

Purpose of Disbursement
COMPUTER REPAIR

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1394
Date of Disbursement: 05 / 24 / 2004

Amount of Each Disbursement this Period: 96.30

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

COMPUTER REPAIR

C. Full Name (Last, First, Middle Initial)
Florida Legislature

Mailing Address Room 701, 111 W. Madison St.
Claude Pepper Building

City: Tallahassee State: FL Zip Code: 32399-1400

Purpose of Disbursement
CAMPAIGN EMPLOYEE MEDICAL INSURANCE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1069
Date of Disbursement: 04 / 01 / 2004

Amount of Each Disbursement this Period: 32.32

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CAMPAIGN EMPLOYEE MEDICAL INSURANCE

SUBTOTAL of Disbursements This Page (optional) ▶ 189.72

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Electronic Merchant Systems

Transaction ID: 0611200417E1401
Date of Disbursement: 05 / 31 / 2004

Mailing Address: 5005 Rockside Rd., Ste. PH100

City: Independence | State: OH | Zip Code: 44131-6628

Amount of Each Disbursement this Period: 8.54

Purpose of Disbursement: CREDIT CARD PROCESSING FEES

Candidate Name:

Category/Type:

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

CREDIT CARD PROCESSING FEES

B. Full Name (Last, First, Middle Initial)
Copy Fax 2000

Transaction ID: 0511200445E1253
Date of Disbursement: 04 / 22 / 2004

Mailing Address: 3163-2 Eliza Rd

City: Tallahassee | State: FL | Zip Code: 32308-

Amount of Each Disbursement this Period: 378.25

Purpose of Disbursement: EQUIPMENT LEASE

Candidate Name:

Category/Type:

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

EQUIPMENT LEASE

C. Full Name (Last, First, Middle Initial)
Maggie E. Hahn

Transaction ID: 0625200426E1542
Date of Disbursement: 06 / 25 / 2004

Mailing Address: 904 W. Pinedale Dr.

City: Plant City | State: FL | Zip Code: 33565-

Amount of Each Disbursement this Period: 66.49

Purpose of Disbursement: PAYROLL

Candidate Name:

Category/Type:

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶ 451.28

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

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Carol A. Masio McGuire

Mailing Address 11690 Erie Rd.

City: Parrish | State: FL | Zip Code: 34219-

Purpose of Disbursement: EVENT FOOD & DRINK

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446C3558IK
Date of Disbursement: 04 / 08 / 2004

Amount of Each Disbursement this Period: 250.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

IN KIND: EVENT FOOD & DRINK

B. Full Name (Last, First, Middle Initial)
WJP Enterprises, Inc

Mailing Address 1402 E. Spencer St.

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: COMPUTER CONSULTING

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1365
Date of Disbursement: 05 / 21 / 2004

Amount of Each Disbursement this Period: 1000.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

COMPUTER CONSULTING

C. Full Name (Last, First, Middle Initial)
Patricia A. McClure

Mailing Address 2618 Durant Oaks Dr.

City: Valrico | State: FL | Zip Code: 33594-

Purpose of Disbursement: REIMBURSEMENT: SEE BELOW

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1248
Date of Disbursement: 04 / 20 / 2004

Amount of Each Disbursement this Period: 641.83

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

REIMBURSEMENT: SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶ 1891.83

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

24020472166

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Fontainebleau Hilton Resort

Mailing Address 4441 Collins Avenue

City: Miami Beach | State: FL | Zip Code: 33140-

Purpose of Disbursement: LODGING

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1250
Date of Disbursement: 04 / 20 / 2004

Amount of Each Disbursement this Period: 362.34

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: LODGING

B. Full Name (Last, First, Middle Initial)
Patricia A. McClure

Mailing Address 2818 Durant Oaks Dr.

City: Valrico | State: FL | Zip Code: 33594-

Purpose of Disbursement: TRAVEL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1249
Date of Disbursement: 04 / 20 / 2004

Amount of Each Disbursement this Period: 279.49

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: TRAVEL

C. Full Name (Last, First, Middle Initial)
Sherer E. Byrd

Mailing Address 2835 Hammock Dr.

City: Plant City | State: FL | Zip Code: 33566-

Purpose of Disbursement: PAYROLL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1464
Date of Disbursement: 05 / 28 / 2004

Amount of Each Disbursement this Period: 673.26

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶ 673.26

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

24020472167

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Advantage, Inc.

Mailing Address 1611 N. Kent Street, Suite 905

City: Arlington State: VA Zip Code: 22209-

Purpose of Disbursement: VOTER RESEARCH

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1142
Date of Disbursement: 04 / 14 / 2004

Amount of Each Disbursement this Period: 5000.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

VOTER RESEARCH

B. Full Name (Last, First, Middle Initial)
Cardmember Service

Mailing Address PO Box 15153

City: Wilmington State: DE Zip Code: 19886-5153

Purpose of Disbursement: CREDIT CARD: SEE BELOW

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1402
Date of Disbursement: 05 / 24 / 2004

Amount of Each Disbursement this Period: 18732.71

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

C. Full Name (Last, First, Middle Initial)
Airtran Airways

Mailing Address 140 Happy Valley Ct.

City: Newnan State: GA Zip Code: 30263-

Purpose of Disbursement: AIR TRAVEL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1416
Date of Disbursement: 05 / 24 / 2004

Amount of Each Disbursement this Period: 244.20

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: AIR TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶ 23732.71

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
JetBlue Airways Corp.

Mailing Address 19 Old Kings Hwy. S.

City: Darien State: CT Zip Code: 06820-

Purpose of Disbursement: AIR TRAVEL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1403
Date of Disbursement: 05 / 24 / 2004

Amount of Each Disbursement this Period: 512.20

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: AIR TRAVEL

B. Full Name (Last, First, Middle Initial)
American Airlines

Mailing Address 4333 Amon Carter Blvd.

City: Fort Worth State: TX Zip Code: 76155-

Purpose of Disbursement: AIR TRAVEL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1428
Date of Disbursement: 05 / 24 / 2004

Amount of Each Disbursement this Period: 109.10

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: AIR TRAVEL

C. Full Name (Last, First, Middle Initial)
American Airlines

Mailing Address 4333 Amon Carter Blvd.

City: Fort Worth State: TX Zip Code: 76155-

Purpose of Disbursement: AIR TRAVEL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1429
Date of Disbursement: 05 / 24 / 2004

Amount of Each Disbursement this Period: 109.10

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: AIR TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Avis Rent-A-Car

Mailing Address 1414 S. Monroe St.

City: Tallahassee State: FL Zip Code: 32301-

Purpose of Disbursement: AUTO RENTAL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1419
Date of Disbursement: 05 / 24 / 2004

Amount of Each Disbursement this Period: 229.66

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: AUTO RENTAL

B.
Full Name (Last, First, Middle Initial)
Best Buy Co.

Mailing Address 116 Grand Regency Blvd.

City: Brandon State: FL Zip Code: 33510-

Purpose of Disbursement: OFFICE EQUIPMENT

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1443
Date of Disbursement: 05 / 24 / 2004

Amount of Each Disbursement this Period: 106.99

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: OFFICE EQUIPMENT

C.
Full Name (Last, First, Middle Initial)
Best Buy Co.

Mailing Address 116 Grand Regency Blvd.

City: Brandon State: FL Zip Code: 33510-

Purpose of Disbursement: OFFICE EQUIPMENT

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1417
Date of Disbursement: 05 / 24 / 2004

Amount of Each Disbursement this Period: 77.01

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: OFFICE EQUIPMENT

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

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24020472170

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Ritz Carlton Central Park

Mailing Address 50 Central Park S.

City: New York | State: NY | Zip Code: 10019-

Purpose of Disbursement: LODGING

Candidate Name:

Category/Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1411
Date of Disbursement: 05 / 24 / 2004

Amount of Each Disbursement this Period: 236.27

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: LODGING

B.
Full Name (Last, First, Middle Initial)
Ritz Carlton Central Park

Mailing Address 50 Central Park S.

City: New York | State: NY | Zip Code: 10019-

Purpose of Disbursement: LODGING

Candidate Name:

Category/Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1412
Date of Disbursement: 05 / 24 / 2004

Amount of Each Disbursement this Period: 918.91

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: LODGING

C.
Full Name (Last, First, Middle Initial)
Continental Airlines

Mailing Address 1600 Smith St.

City: Houston | State: TX | Zip Code: 77002-

Purpose of Disbursement: AIR TRAVEL

Candidate Name:

Category/Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1431
Date of Disbursement: 05 / 24 / 2004

Amount of Each Disbursement this Period: 3446.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: AIR TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Continental Airlines

Mailing Address 1600 Smith St.

City: Houston State: TX Zip Code: 77002-

Purpose of Disbursement: AIR TRAVEL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1432
Date of Disbursement: 05 / 24 / 2004

Amount of Each Disbursement this Period: 3446.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: AIR TRAVEL

B. Full Name (Last, First, Middle Initial)
Continental Airlines

Mailing Address 1600 Smith St.

City: Houston State: TX Zip Code: 77002-

Purpose of Disbursement: AIR TRAVEL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1433
Date of Disbursement: 05 / 24 / 2004

Amount of Each Disbursement this Period: 98.60

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: AIR TRAVEL

C. Full Name (Last, First, Middle Initial)
Continental Airlines

Mailing Address 1600 Smith St.

City: Houston State: TX Zip Code: 77002-

Purpose of Disbursement: AIR TRAVEL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1426
Date of Disbursement: 05 / 24 / 2004

Amount of Each Disbursement this Period: 1482.50

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: AIR TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

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24020472172

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Continental Airlines
Mailing Address 1600 Smith St.
City: Houston State: TX Zip Code: 77002-
Purpose of Disbursement: AIR TRAVEL
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0611200417E1430
Date of Disbursement: 05 / 24 / 2004
Amount of Each Disbursement this Period: 98.80
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: AIR TRAVEL

B.
Full Name (Last, First, Middle Initial)
Delta Air Lines
Mailing Address P.O. Box 20706
City: Atlanta State: GA Zip Code: 30320-
Purpose of Disbursement: AIR TRAVEL
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0611200417E1413
Date of Disbursement: 05 / 24 / 2004
Amount of Each Disbursement this Period: 254.38
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: AIR TRAVEL

C.
Full Name (Last, First, Middle Initial)
Delta Air Lines
Mailing Address P.O. Box 20706
City: Atlanta State: GA Zip Code: 30320-
Purpose of Disbursement: AIR TRAVEL
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0611200417E1414
Date of Disbursement: 05 / 24 / 2004
Amount of Each Disbursement this Period: 254.38
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: AIR TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

24020472173

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Delta Air Lines

Mailing Address P.O. Box 20706

City: Atlanta State: GA Zip Code: 30320-

Purpose of Disbursement: AIR TRAVEL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1415
Date of Disbursement: 05 / 24 / 2004

Amount of Each Disbursement this Period: 254.38

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: AIR TRAVEL

B. Full Name (Last, First, Middle Initial)
HMS Host

Mailing Address 5503 Spruce St.

City: Tampa State: FL Zip Code: 33614-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1409
Date of Disbursement: 05 / 24 / 2004

Amount of Each Disbursement this Period: 43.76

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

C. Full Name (Last, First, Middle Initial)
HMS Host

Mailing Address 5503 Spruce St.

City: Tampa State: FL Zip Code: 33614-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1424
Date of Disbursement: 05 / 24 / 2004

Amount of Each Disbursement this Period: 26.45

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

24020472174

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
HMS Host

Mailing Address 5503 Spruce St.

City: Tampa State: FL Zip Code: 33614-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1446
Date of Disbursement: 05 / 24 / 2004

Amount of Each Disbursement this Period: 8.75

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

B. Full Name (Last, First, Middle Initial)
HMS Host

Mailing Address 5503 Spruce St.

City: Tampa State: FL Zip Code: 33614-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1408
Date of Disbursement: 05 / 24 / 2004

Amount of Each Disbursement this Period: 24.76

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

C. Full Name (Last, First, Middle Initial)
Hudson Hotel

Mailing Address 356 W. 58th Street

City: New York State: NY Zip Code: 10019-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1447
Date of Disbursement: 05 / 24 / 2004

Amount of Each Disbursement this Period: 119.74

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
New York Marriott East Side

Mailing Address 525 Lexington Ave.

City: New York | State: NY | Zip Code: 10017-

Purpose of Disbursement: LODGING

Candidate Name:

Category/Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1450
Date of Disbursement: 05 / 24 / 2004

Amount of Each Disbursement this Period: 279.11

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: LODGING

B.
Full Name (Last, First, Middle Initial)
New York Marriott East Side

Mailing Address 525 Lexington Ave.

City: New York | State: NY | Zip Code: 10017-

Purpose of Disbursement: LODGING

Candidate Name:

Category/Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1441
Date of Disbursement: 05 / 24 / 2004

Amount of Each Disbursement this Period: 233.06

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: LODGING

C.
Full Name (Last, First, Middle Initial)
New York Marriott East Side

Mailing Address 525 Lexington Ave.

City: New York | State: NY | Zip Code: 10017-

Purpose of Disbursement: LODGING

Candidate Name:

Category/Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1442
Date of Disbursement: 05 / 24 / 2004

Amount of Each Disbursement this Period: 233.06

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: LODGING

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
New York Marriott East Side

Mailing Address 525 Lexington Ave.

City: New York | State: NY | Zip Code: 10017-

Purpose of Disbursement: LODGING

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1449
Date of Disbursement: 05 / 24 / 2004

Amount of Each Disbursement this Period: 198.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: LODGING

B. Full Name (Last, First, Middle Initial)
The Hard Rock Hotel

Mailing Address 5224 N. Orient Rd.

City: Tampa | State: FL | Zip Code: 33610-

Purpose of Disbursement: LODGING

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1437
Date of Disbursement: 05 / 24 / 2004

Amount of Each Disbursement this Period: 156.80

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: LODGING

C. Full Name (Last, First, Middle Initial)
The Hard Rock Hotel

Mailing Address 5224 N. Orient Rd.

City: Tampa | State: FL | Zip Code: 33610-

Purpose of Disbursement: LODGING

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1434
Date of Disbursement: 05 / 24 / 2004

Amount of Each Disbursement this Period: 156.80

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: LODGING

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
The Hard Rock Hotel

Mailing Address 5224 N. Orient Rd.

City: Tampa | State: FL | Zip Code: 33610-

Purpose of Disbursement: LODGING

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1435
Date of Disbursement: 05 / 24 / 2004

Amount of Each Disbursement this Period: 156.80

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: LODGING

B.
Full Name (Last, First, Middle Initial)
The Hard Rock Hotel

Mailing Address 5224 N. Orient Rd.

City: Tampa | State: FL | Zip Code: 33610-

Purpose of Disbursement: LODGING

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1436
Date of Disbursement: 05 / 24 / 2004

Amount of Each Disbursement this Period: 156.80

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: LODGING

C.
Full Name (Last, First, Middle Initial)
Daat Travel Services

Mailing Address 19 Washington St. P.O.B. 71047
Jerusalem Israel 91710

City | State | Zip Code

Purpose of Disbursement: TRAVEL SERVICES

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1445
Date of Disbursement: 05 / 24 / 2004

Amount of Each Disbursement this Period: 2971.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: TRAVEL SERVICES

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Shell Oil

Mailing Address 2009 N. Wheeler St.

City: Plant City State: FL Zip Code: 33566-

Purpose of Disbursement: GAS

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1410
Date of Disbursement: 05 / 24 / 2004

Amount of Each Disbursement this Period: 47.87

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: GAS

B. Full Name (Last, First, Middle Initial)
Smith & Wollensky Steak House

Mailing Address 201 E. 49th Street

City: New York State: NY Zip Code: 10017-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1423
Date of Disbursement: 05 / 24 / 2004

Amount of Each Disbursement this Period: 470.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

C. Full Name (Last, First, Middle Initial)
Tampa Flying Service

Mailing Address 625 Severn Ave.

City: Tampa State: FL Zip Code: 33606-

Purpose of Disbursement: AIR TRAVEL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1405
Date of Disbursement: 05 / 24 / 2004

Amount of Each Disbursement this Period: 635.16

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: AIR TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

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24020472179

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
FedEx
Mailing Address P.O. Box 94515
City: Palatine State: IL Zip Code: 60094-4515
Purpose of Disbursement: DELIVERY
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0421200446E1241
Date of Disbursement: 04 / 20 / 2004
Amount of Each Disbursement this Period: 51.81
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
DELIVERY

B.
Full Name (Last, First, Middle Initial)
Office Depot, Inc.
Mailing Address 2200 Old Germantown Road
City: Delray Beach State: FL Zip Code: 33445-
Purpose of Disbursement: OFFICE SUPPLIES
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0421200446E1245
Date of Disbursement: 04 / 20 / 2004
Amount of Each Disbursement this Period: 131.32
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
OFFICE SUPPLIES

C.
Full Name (Last, First, Middle Initial)
FedEx
Mailing Address P.O. Box 94515
City: Palatine State: IL Zip Code: 60094-4515
Purpose of Disbursement: DELIVERY
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0421200446E1247
Date of Disbursement: 04 / 20 / 2004
Amount of Each Disbursement this Period: 28.88
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
DELIVERY

SUBTOTAL of Disbursements This Page (optional) ▶ 212.01

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

24020472180

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
SunTrust BankCard, N.A.

Mailing Address P.O. Box 791250

City: Baltimore State: MD Zip Code: 21279-1250

Purpose of Disbursement
CREDIT CARD: SEE BELOW

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1507
Date of Disbursement: 08 / 10 / 2004

Amount of Each Disbursement this Period: 1109.38

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

B. Full Name (Last, First, Middle Initial)
Airtran Airways

Mailing Address 140 Happy Valley CL

City: Newnan State: GA Zip Code: 30263-

Purpose of Disbursement
AIR TRAVEL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1510
Date of Disbursement: 08 / 10 / 2004

Amount of Each Disbursement this Period: 244.20

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: AIR TRAVEL

C. Full Name (Last, First, Middle Initial)
Freds Market Restaurant

Mailing Address 1407 W. Dr. MLK Jr. Blvd. Box 11

City: Plant City State: FL Zip Code: 33563-

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1511
Date of Disbursement: 08 / 10 / 2004

Amount of Each Disbursement this Period: 118.44

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

SUBTOTAL of Disbursements This Page (optional) ▶ 1109.38

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

24020472181

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Southwest Airlines

Mailing Address P.O. Box 36647 - 1CR

City: Dallas State: TX Zip Code: 75235-1647

Purpose of Disbursement: AIR TRAVEL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1514
Date of Disbursement: 06 / 10 / 2004

Amount of Each Disbursement this Period: 174.70

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: AIR TRAVEL

B. Full Name (Last, First, Middle Initial)
Southwest Airlines

Mailing Address P.O. Box 36647 - 1CR

City: Dallas State: TX Zip Code: 75235-1647

Purpose of Disbursement: AIR TRAVEL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1515
Date of Disbursement: 06 / 10 / 2004

Amount of Each Disbursement this Period: 174.70

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: AIR TRAVEL

C. Full Name (Last, First, Middle Initial)
Staples

Mailing Address 1866 Jim Redman Parkway

City: Plant City State: FL Zip Code: 33563-

Purpose of Disbursement: OFFICE SUPPLIES

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1516
Date of Disbursement: 06 / 10 / 2004

Amount of Each Disbursement this Period: 48.09

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

24020472182

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
U.S. Post Office

Transaction ID: 0421200446E1040
Date of Disbursement: 04 / 05 / 2004

Mailing Address 301 W.Reynolds St.

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: POSTAGE

Candidate Name

Category/Type

Amount of Each Disbursement this Period: 111.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

POSTAGE

B. Full Name (Last, First, Middle Initial)
Tampa Electric

Transaction ID: 0611200417E1522
Date of Disbursement: 06 / 10 / 2004

Mailing Address P.O. Box 31318

City: Tampa | State: FL | Zip Code: 33631-3318

Purpose of Disbursement: UTILITIES

Candidate Name

Category/Type

Amount of Each Disbursement this Period: 306.47

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

UTILITIES

C. Full Name (Last, First, Middle Initial)
Red Sea, LLC

Transaction ID: 0611200417E1494
Date of Disbursement: 06 / 04 / 2004

Mailing Address 1111 19th St. NW, Suite 211

City: Washington | State: DC | Zip Code: 20036-

Purpose of Disbursement: ADVERTISING

Candidate Name

Category/Type

Amount of Each Disbursement this Period: 149920.87

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

ADVERTISING

SUBTOTAL of Disbursements This Page (optional) ▶ 150338.34

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

24020472183

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Laurel L. Sherer

Mailing Address 2835 Hammock Dr.

City: Plant City | State: FL | Zip Code: 33566-

Purpose of Disbursement: PAYROLL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1233
Date of Disbursement: 04 / 16 / 2004

Amount of Each Disbursement this Period: 380.02

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL

B. Full Name (Last, First, Middle Initial)
Marcy L. Sawyer

Mailing Address 408 E. Virginia Ave.

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: PAYROLL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1479
Date of Disbursement: 06 / 11 / 2004

Amount of Each Disbursement this Period: 886.56

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL

C. Full Name (Last, First, Middle Initial)
ADP Easypay

Mailing Address 4900 Lemon Street

City: Tampa | State: FL | Zip Code: 33609-

Purpose of Disbursement: PAYROLL TAXES

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1226
Date of Disbursement: 04 / 16 / 2004

Amount of Each Disbursement this Period: 2720.27

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL TAXES

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 3986.85

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

24020472184
24020472184

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Maggie E. Hehn

Mailing Address 904 W. Pinedale Dr.

City: Plant City | State: FL | Zip Code: 33565-

Purpose of Disbursement: PAYROLL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1034
Date of Disbursement: 04 / 02 / 2004

Amount of Each Disbursement this Period: 417.40

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL

B. Full Name (Last, First, Middle Initial)
Walden Lake Realty, Inc.

Mailing Address 1607 S. Alexander St., Ste 102

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: OFFICE RENT

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1380
Date of Disbursement: 05 / 21 / 2004

Amount of Each Disbursement this Period: 918.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

OFFICE RENT

C. Full Name (Last, First, Middle Initial)
Edwards, Platt, Raulerson & Co. PA

Mailing Address 101 E. Mahoney St.

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: ACCOUNTING/CONSULTING SERVICES

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1246
Date of Disbursement: 04 / 20 / 2004

Amount of Each Disbursement this Period: 3000.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

ACCOUNTING/CONSULTING SERVICES

SUBTOTAL of Disbursements This Page (optional) ▶ 4335.40

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

24020472185
24020472185

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Laurel L. Sherer
Mailing Address 2835 Hammock Dr.
City: Plant City State: FL Zip Code: 33566-
Purpose of Disbursement: PAYROLL
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: D611200417E1469
Date of Disbursement: 05 / 28 / 2004
Amount of Each Disbursement this Period: 601.24
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
PAYROLL

B.
Full Name (Last, First, Middle Initial)
Helen Meeks
Mailing Address 37737 Hart Circle
City: Zephyrhills State: FL Zip Code: 33541-
Purpose of Disbursement: EVENT CLEAN-UP
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0511200445E1354
Date of Disbursement: 05 / 10 / 2004
Amount of Each Disbursement this Period: 445.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
EVENT CLEAN-UP

C.
Full Name (Last, First, Middle Initial)
Leoni Development Partnership
Mailing Address 225 NE 34th St, Suite 203
City: Miami State: FL Zip Code: 33137-
Purpose of Disbursement: OFFICE LEASE
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0421200446E1071
Date of Disbursement: 04 / 01 / 2004
Amount of Each Disbursement this Period: 1415.05
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
OFFICE LEASE

SUBTOTAL of Disbursements This Page (optional) ▶ 2461.29

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

24020472186

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Josh Kivett

Mailing Address 1815 Dorchester Place

City: Nichols Hills State: OK Zip Code: 73120-

Purpose of Disbursement
REIMBURSEMENT: SEE BELOW

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1072
Date of Disbursement: 04 / 06 / 2004

Amount of Each Disbursement this Period: 1080.53

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

REIMBURSEMENT; SEE BELOW

B. Full Name (Last, First, Middle Initial)
Delta Air Lines

Mailing Address P.O. Box 20706

City: Atlanta State: GA Zip Code: 30320-

Purpose of Disbursement
AIR TRAVEL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1074
Date of Disbursement: 04 / 06 / 2004

Amount of Each Disbursement this Period: 429.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: AIR TRAVEL

C. Full Name (Last, First, Middle Initial)
Delta Air Lines

Mailing Address P.O. Box 20706

City: Atlanta State: GA Zip Code: 30320-

Purpose of Disbursement
AIR TRAVEL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1073
Date of Disbursement: 04 / 06 / 2004

Amount of Each Disbursement this Period: 429.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: AIR TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶ 1080.53

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

24020472187

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Patricia A. McClure

Mailing Address 2618 Durant Oaks Dr.

City: Valrico | State: FL | Zip Code: 33594-

Purpose of Disbursement
REIMBURSEMENT: SEE BELOW

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1043
Date of Disbursement: 04 / 01 / 2004

Amount of Each Disbursement this Period: 298.14

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

REIMBURSEMENT: SEE BELOW

B.
Full Name (Last, First, Middle Initial)
Patricia A. McClure

Mailing Address 2618 Durant Oaks Dr.

City: Valrico | State: FL | Zip Code: 33594-

Purpose of Disbursement
TRAVEL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1044
Date of Disbursement: 04 / 01 / 2004

Amount of Each Disbursement this Period: 183.38

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: TRAVEL

C.
Full Name (Last, First, Middle Initial)
Staples

Mailing Address 1868 Jim Redman Parkway

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1045
Date of Disbursement: 04 / 01 / 2004

Amount of Each Disbursement this Period: 17.12

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶ 298.14

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
U.S. Post Office

Mailing Address 301 W.Reynolds St.

City: Plant City State: FL Zip Code: 33563-

Purpose of Disbursement: POSTAGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1047
Date of Disbursement: 04 / 01 / 2004

Amount of Each Disbursement this Period: 4.55

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: POSTAGE

B. Full Name (Last, First, Middle Initial)
U.S. Post Office

Mailing Address 301 W.Reynolds St.

City: Plant City State: FL Zip Code: 33563-

Purpose of Disbursement: POSTAGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1048
Date of Disbursement: 04 / 01 / 2004

Amount of Each Disbursement this Period: 4.75

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: POSTAGE

C. Full Name (Last, First, Middle Initial)
U.S. Post Office

Mailing Address 301 W.Reynolds St.

City: Plant City State: FL Zip Code: 33563-

Purpose of Disbursement: POSTAGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1046
Date of Disbursement: 04 / 01 / 2004

Amount of Each Disbursement this Period: 8.60

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: POSTAGE

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

24020472189

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Pasco County Rep. Executive Committee

Mailing Address P.O. Box 1944

City: New Port Richey State: FL Zip Code: 34656-

Purpose of Disbursement: RECEPTION DINNER

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1368
Date of Disbursement: 05 / 20 / 2004

Amount of Each Disbursement this Period: 500.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

RECEPTION DINNER

B. Full Name (Last, First, Middle Initial)
FedEx

Mailing Address P.O. Box 94515

City: Palatine State: IL Zip Code: 60094-4515

Purpose of Disbursement: DELIVERY

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1521
Date of Disbursement: 06 / 10 / 2004

Amount of Each Disbursement this Period: 31.30

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

DELIVERY

C. Full Name (Last, First, Middle Initial)
City of Plant City

Mailing Address Water Dept. P.O. Box C

City: Plant City State: FL Zip Code: 33564-9003

Purpose of Disbursement: UTILITIES

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1059
Date of Disbursement: 04 / 01 / 2004

Amount of Each Disbursement this Period: 72.28

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

UTILITIES

SUBTOTAL of Disbursements This Page (optional) ▶ 603.58

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

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24020472190

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
FedEx

Mailing Address P.O. Box 94515

City: Palatine State: IL Zip Code: 60094-4515

Purpose of Disbursement: DELIVERY

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1367
Date of Disbursement: 05 / 12 / 2004

Amount of Each Disbursement this Period: 16.04

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

DELIVERY

B. Full Name (Last, First, Middle Initial)
ADP Easypay

Mailing Address 4900 Lemon Street

City: Tampa State: FL Zip Code: 33609-

Purpose of Disbursement: PROCESSING FEE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1272
Date of Disbursement: 04 / 30 / 2004

Amount of Each Disbursement this Period: 61.10

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PROCESSING FEE

C. Full Name (Last, First, Middle Initial)
SunTrust BankCard, N.A.

Mailing Address P.O. Box 791250

City: Baltimore State: MD Zip Code: 21279-1250

Purpose of Disbursement: CREDIT CARD: SEE BELOW

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1369
Date of Disbursement: 05 / 12 / 2004

Amount of Each Disbursement this Period: 179.94

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶ 257.08

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Andrews Downtown

Mailing Address 228 S. Adams St.

City Tallahassee State FL Zip Code 32301-

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1370
Date of Disbursement 05 / 12 / 2004

Amount of Each Disbursement this Period 120.94

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

B.
Full Name (Last, First, Middle Initial)
SunTrust BankCard, N.A.

Mailing Address P.O. Box 791250

City Baltimore State MD Zip Code 21279-1250

Purpose of Disbursement
INTEREST

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [X] General [ ] Other (specify)

Transaction ID: 0611200417E1372
Date of Disbursement 05 / 12 / 2004

Amount of Each Disbursement this Period 9.05

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: INTEREST

C.
Full Name (Last, First, Middle Initial)
Red Sea, LLC

Mailing Address 1111 19th St. NW, Suite 211

City Washington State DC Zip Code 20036-

Purpose of Disbursement
ADVERTISING PRODUCTION

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1519
Date of Disbursement 06 / 10 / 2004

Amount of Each Disbursement this Period 27940.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

ADVERTISING PRODUCTION

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 27940.00

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

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24020472192

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Garcia, Mackin & Associates, Inc.

Mailing Address PO Box 1222

City: Safety Harbor State: FL Zip Code: 34695-

Purpose of Disbursement: PRINTING

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1066
Date of Disbursement: 04 / 14 / 2004

Amount of Each Disbursement this Period: 382.79

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PRINTING

B.
Full Name (Last, First, Middle Initial)
Office Depot, Inc.

Mailing Address 2200 Old Germantown Road

City: Delray Beach State: FL Zip Code: 33445-

Purpose of Disbursement: OFFICE SUPPLIES

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1149
Date of Disbursement: 04 / 14 / 2004

Amount of Each Disbursement this Period: 291.40

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

OFFICE SUPPLIES

C.
Full Name (Last, First, Middle Initial)
Garcia, Mackin & Associates, Inc.

Mailing Address PO Box 1222

City: Safety Harbor State: FL Zip Code: 34695-

Purpose of Disbursement: MEDIA CONSULTING

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1065
Date of Disbursement: 04 / 14 / 2004

Amount of Each Disbursement this Period: 15000.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

MEDIA CONSULTING

SUBTOTAL of Disbursements This Page (optional) ▶ 15674.19

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
U.S. Post Office

Mailing Address 301 W.Reynolds St.

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: POSTAGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1461
Date of Disbursement: 05 / 26 / 2004

Amount of Each Disbursement this Period: 370.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

POSTAGE

B. Full Name (Last, First, Middle Initial)
Marcy L. Sawyer

Mailing Address 408 E. Virginia Ave.

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: PAYROLL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1357
Date of Disbursement: 05 / 14 / 2004

Amount of Each Disbursement this Period: 886.56

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL

C. Full Name (Last, First, Middle Initial)
Nextel Communication

Mailing Address P.O. Box 17990

City: Denver | State: CO | Zip Code: 80217-0990

Purpose of Disbursement: TELEPHONE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1364
Date of Disbursement: 05 / 12 / 2004

Amount of Each Disbursement this Period: 842.44

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TELEPHONE

SUBTOTAL of Disbursements This Page (optional) ▶ 2199.00

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

24020472194

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
ADP Easypay

Mailing Address 4900 Lemon Street

City: Tampa | State: FL | Zip Code: 33609-

Purpose of Disbursement: PROCESSING FEE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1031
Date of Disbursement: 04 / 02 / 2004

Amount of Each Disbursement this Period: 71.06

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PROCESSING FEE

B. Full Name (Last, First, Middle Initial)
Patricia A. McClure

Mailing Address 2618 Durant Oaks Dr.

City: Valrico | State: FL | Zip Code: 33594-

Purpose of Disbursement: PAYROLL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: D611200417E1467
Date of Disbursement: 05 / 28 / 2004

Amount of Each Disbursement this Period: 1254.46

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL

C. Full Name (Last, First, Middle Initial)
Cardmember Service

Mailing Address PO Box 15153

City: Wilmington | State: DE | Zip Code: 19886-5153

Purpose of Disbursement: CREDIT CARD: SEE BELOW

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1273
Date of Disbursement: 04 / 30 / 2004

Amount of Each Disbursement this Period: 3709.32

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 5034.86

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

24020472195

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Tampa North Aero Park

Mailing Address 4241 Birdsong Blvd.

City: Lutz State: FL Zip Code: 33559-

Purpose of Disbursement: AIR TRAVEL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1294
Date of Disbursement: 04 / 30 / 2004

Amount of Each Disbursement this Period: 284.89

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: AIR TRAVEL

B. Full Name (Last, First, Middle Initial)
Andrews Downtown

Mailing Address 226 S. Adams St.

City: Tallahassee State: FL Zip Code: 32301-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1303
Date of Disbursement: 04 / 30 / 2004

Amount of Each Disbursement this Period: 145.35

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

C. Full Name (Last, First, Middle Initial)
Avis Rent-A-Car

Mailing Address 1555 Perimeter Rd.

City: Dania State: FL Zip Code: 33004-

Purpose of Disbursement: AUTO RENTAL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1299
Date of Disbursement: 04 / 30 / 2004

Amount of Each Disbursement this Period: 51.46

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: AUTO RENTAL

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

24020472196
24020472196

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Smokey Bones BBQ & Sports Bar

Mailing Address 3131 Capital Cir NE

City: Tallahassee State: FL Zip Code: 32308-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1285
Date of Disbursement: 04 / 30 / 2004

Amount of Each Disbursement this Period: 161.35

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

B. Full Name (Last, First, Middle Initial)
Cypress Restaurant

Mailing Address 320 E. Tennessee St.

City: Tallahassee State: FL Zip Code: 32301-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1288
Date of Disbursement: 04 / 30 / 2004

Amount of Each Disbursement this Period: 21.28

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

C. Full Name (Last, First, Middle Initial)
Delta Air Lines

Mailing Address P.O. Box 20708

City: Atlanta State: GA Zip Code: 30320-

Purpose of Disbursement: AIR TRAVEL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1306
Date of Disbursement: 04 / 30 / 2004

Amount of Each Disbursement this Period: 124.10

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: AIR TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

24020472197

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
HMS Host
Mailing Address 5503 Spruce St.
City Tampa State FL Zip Code 33614-
Purpose of Disbursement
FOOD/BEVERAGE
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: D511200445E1297
Date of Disbursement 04 / 30 / 2004
Amount of Each Disbursement this Period 20.56
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: FOOD/BEVERAGE

B.
Full Name (Last, First, Middle Initial)
HMS Host
Mailing Address 5503 Spruce St.
City Tampa State FL Zip Code 33614-
Purpose of Disbursement
FOOD/BEVERAGE
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: D511200445E1276
Date of Disbursement 04 / 30 / 2004
Amount of Each Disbursement this Period 13.90
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: FOOD/BEVERAGE

C.
Full Name (Last, First, Middle Initial)
Osaka Japanese Steakhouse
Mailing Address 10 Blanding Blvd.
City Orange Park State FL Zip Code 32073-
Purpose of Disbursement
FOOD/BEVERAGE
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: D511200445E1280
Date of Disbursement 04 / 30 / 2004
Amount of Each Disbursement this Period 385.12
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: FOOD/BEVERAGE

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

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24020472198

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Outback Restaurant

Mailing Address 1203 Townsgate Ct.

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1292
Date of Disbursement: 04 / 30 / 2004

Amount of Each Disbursement this Period: 76.97

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

B. Full Name (Last, First, Middle Initial)
Palm Restaurant

Mailing Address 205 Westshore Plaza

City: Tampa | State: FL | Zip Code: 33609-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1274
Date of Disbursement: 04 / 30 / 2004

Amount of Each Disbursement this Period: 543.66

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

C. Full Name (Last, First, Middle Initial)
Red Barn

Mailing Address 6150 New Tampa Hwy

City: Lakeland | State: FL | Zip Code: 33815-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1300
Date of Disbursement: 04 / 30 / 2004

Amount of Each Disbursement this Period: 216.13

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Republic Parking
Mailing Address 5503 Spruce St.
City: Tampa State: FL Zip Code: 33601-
Purpose of Disbursement: PARKING
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1298
Date of Disbursement: 04 / 30 / 2004
Amount of Each Disbursement this Period: 40.50
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: PARKING

B.
Full Name (Last, First, Middle Initial)
Southwest Airlines
Mailing Address P.O. Box 36647 - 1CR
City: Dallas State: TX Zip Code: 75235-1647
Purpose of Disbursement: AIR TRAVEL
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1275
Date of Disbursement: 04 / 30 / 2004
Amount of Each Disbursement this Period: 349.40
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: AIR TRAVEL

C.
Full Name (Last, First, Middle Initial)
Southwest Airlines
Mailing Address P.O. Box 36647 - 1CR
City: Dallas State: TX Zip Code: 75235-1647
Purpose of Disbursement: AIR TRAVEL
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1277
Date of Disbursement: 04 / 30 / 2004
Amount of Each Disbursement this Period: 257.30
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: AIR TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
T-Mobile #1104

Transaction ID: 0511200445E1305
Date of Disbursement: 04 / 30 / 2004

Mailing Address: 360 Westfield Shopping Town

City: Brandon | State: FL | Zip Code: 33510-

Purpose of Disbursement: TELEPHONE

Candidate Name:

Category/Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Amount of Each Disbursement this Period: 183.04

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: TELEPHONE

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

Transaction ID: 0421200446E1228
Date of Disbursement: 04 / 16 / 2004

Mailing Address: 5984 Harvey Tew Rd.

City: Plant City | State: FL | Zip Code: 33565-

Purpose of Disbursement: PAYROLL

Candidate Name:

Category/Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Amount of Each Disbursement this Period: 1101.89

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL

C.
Full Name (Last, First, Middle Initial)
Laurel L. Sherer

Transaction ID: 0825200426E1545
Date of Disbursement: 06 / 25 / 2004

Mailing Address: 2835 Hammock Dr.

City: Plant City | State: FL | Zip Code: 33566-

Purpose of Disbursement: PAYROLL

Candidate Name:

Category/Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Amount of Each Disbursement this Period: 601.24

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶ 1703.13

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

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24020472201

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Paul Bolen

Transaction ID: 0611200417E1356
Date of Disbursement: 05 / 14 / 2004

Mailing Address 5984 Harvey Tew Rd.

City: Plant City | State: FL | Zip Code: 33565-

Amount of Each Disbursement this Period: 1101.89

Purpose of Disbursement: PAYROLL

Candidate Name

Category/Type

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

PAYROLL

B. Full Name (Last, First, Middle Initial)
Sprint

Transaction ID: 0421200446E1150
Date of Disbursement: 04 / 14 / 2004

Mailing Address P.O. Box 30723

City: Tampa | State: FL | Zip Code: 33630-3723

Amount of Each Disbursement this Period: 304.29

Purpose of Disbursement: TELEPHONES

Candidate Name

Category/Type

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

TELEPHONES

C. Full Name (Last, First, Middle Initial)
Custom Scoop

Transaction ID: 0611200417E1393
Date of Disbursement: 05 / 21 / 2004

Mailing Address P.O. Box 809

City: Concord | State: NH | Zip Code: 03302-

Amount of Each Disbursement this Period: 250.00

Purpose of Disbursement: SUBSCRIPTION

Candidate Name

Category/Type

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

SUBSCRIPTION

SUBTOTAL of Disbursements This Page (optional) ▶ 1656.18

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

24020472202
24020472202

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Custom Scoop

Mailing Address P.O. Box 609

City: Concord State: NH Zip Code: 03302-

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1148
Date of Disbursement: 04 / 14 / 2004

Amount of Each Disbursement this Period: 250.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBSCRIPTION

B. Full Name (Last, First, Middle Initial)
City of Plant City

Mailing Address Water Dept.
P.O. Box C

City: Plant City State: FL Zip Code: 33564-9003

Purpose of Disbursement
UTILITIES

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1311
Date of Disbursement: 05 / 04 / 2004

Amount of Each Disbursement this Period: 95.79

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

UTILITIES

C. Full Name (Last, First, Middle Initial)
Verizon Florida, Inc

Mailing Address P.O. Box 920041

City: Dallas State: TX Zip Code: 75392-

Purpose of Disbursement
TELEPHONES

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1060
Date of Disbursement: 04 / 01 / 2004

Amount of Each Disbursement this Period: 1036.24

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TELEPHONES

SUBTOTAL of Disbursements This Page (optional) ▶ 1382.03

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

24020472203

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Leoni Development Partnership

Mailing Address 225 NE 34th St, Suite 203

City: Miami | State: FL | Zip Code: 33137-

Purpose of Disbursement: OFFICE LEASE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1263
Date of Disbursement: 04 / 28 / 2004

Amount of Each Disbursement this Period: 1505.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

OFFICE LEASE

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

Mailing Address 65 Olive Drive

City: Hialeah | State: FL | Zip Code: 33010-

Purpose of Disbursement: REIMB. FOR TRAVEL EXPENSE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: DB112D0417E1389
Date of Disbursement: 05 / 21 / 2004

Amount of Each Disbursement this Period: 205.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

REIMB. FOR TRAVEL EXPENSE

C. Full Name (Last, First, Middle Initial)
Eric Zichella

Mailing Address 1408 Plantation Circle., #1101

City: Plant City | State: FL | Zip Code: 33566-

Purpose of Disbursement: PAYROLL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1481
Date of Disbursement: 06 / 11 / 2004

Amount of Each Disbursement this Period: 1390.69

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶ 3100.69

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Red Sea, LLC

Mailing Address 1111 19th St. NW, Suite 211

City: Washington State: DC Zip Code: 20036-

Purpose of Disbursement: ADVERTISING

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1395
Date of Disbursement: 05 / 21 / 2004

Amount of Each Disbursement this Period: 80598.37

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

ADVERTISING

B. Full Name (Last, First, Middle Initial)
Grey Oaks Country Club

Mailing Address 2400 Grey Oaks Drive North

City: Naples State: FL Zip Code: 34105-

Purpose of Disbursement: EVENT FOOD/BEVERAGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1297
Date of Disbursement: 04 / 18 / 2004

Amount of Each Disbursement this Period: 1808.04

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

EVENT FOOD/BEVERAGE

C. Full Name (Last, First, Middle Initial)
Bright House Networks

Mailing Address 525 Grand Regency Blvd.

City: Brandon State: FL Zip Code: 33510-3933

Purpose of Disbursement: INTERNET SERVICE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1061
Date of Disbursement: 04 / 01 / 2004

Amount of Each Disbursement this Period: 143.82

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

INTERNET SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶ 82550.23

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

24020472205
24020472205

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Republican Party Of Florida

Mailing Address P.O. Box 311

City: Tallahassee State: FL Zip Code: 32301-

Purpose of Disbursement: FUNDRAISER EVENT

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 04Z1200446E1085
Date of Disbursement: 04 / 13 / 2004

Amount of Each Disbursement this Period: 500.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

FUNDRAISER EVENT

B. Full Name (Last, First, Middle Initial)
Florida Insurance Center Inc

Mailing Address 414 N. Alexander St.

City: Plant City State: FL Zip Code: 33563-

Purpose of Disbursement: INSURANCE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 04Z1200446E1057
Date of Disbursement: 04 / 01 / 2004

Amount of Each Disbursement this Period: 601.60

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

INSURANCE

C. Full Name (Last, First, Middle Initial)
FedEx

Mailing Address P.O. Box 94515

City: Palatine State: IL Zip Code: 60094-4515

Purpose of Disbursement: DELIVERY

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 06I1200417E1378
Date of Disbursement: 05 / 18 / 2004

Amount of Each Disbursement this Period: 14.43

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

DELIVERY

SUBTOTAL of Disbursements This Page (optional) ▶ 1116.03

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Walden Lake Realty, Inc.

Mailing Address 1607 S. Alexander St., Ste 102

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: OFFICE RENT

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1256
Date of Disbursement: 04 / 27 / 2004

Amount of Each Disbursement this Period: 918.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

OFFICE RENT

B. Full Name (Last, First, Middle Initial)
Leoni Development Partnership

Mailing Address 225 NE 34th St, Suite 203

City: Miami | State: FL | Zip Code: 33137-

Purpose of Disbursement: OFFICE LEASE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1387
Date of Disbursement: 05 / 21 / 2004

Amount of Each Disbursement this Period: 1505.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

OFFICE LEASE

C. Full Name (Last, First, Middle Initial)
Office Depot, Inc.

Mailing Address 2200 Old Germantown Road

City: Delray Beach | State: FL | Zip Code: 33445-

Purpose of Disbursement: OFFICE SUPPLIES

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1523
Date of Disbursement: 06 / 10 / 2004

Amount of Each Disbursement this Period: 104.12

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶ 2527.12

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

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
WJP Enterprises, Inc

Mailing Address 1402 E. Spencer St.

City: Plant City State: FL Zip Code: 33563-

Purpose of Disbursement: COMPUTER CONSULTING

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1055
Date of Disbursement: 04 / 01 / 2004

Amount of Each Disbursement this Period: 80.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

COMPUTER CONSULTING

B. Full Name (Last, First, Middle Initial)
Garcia, Meckin & Associates, Inc.

Mailing Address PO Box 1222

City: Safety Harbor State: FL Zip Code: 34695-

Purpose of Disbursement: MEDIA CONSULTING

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1064
Date of Disbursement: 04 / 01 / 2004

Amount of Each Disbursement this Period: 8000.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

MEDIA CONSULTING

C. Full Name (Last, First, Middle Initial)
U.S. Post Office

Mailing Address 301 W.Reynolds St.

City: Plant City State: FL Zip Code: 33563-

Purpose of Disbursement: POSTAGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1238
Date of Disbursement: 04 / 20 / 2004

Amount of Each Disbursement this Period: 370.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

POSTAGE

SUBTOTAL of Disbursements This Page (optional) ▶ 8450.00

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

24020472208
24020472208

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
ADP Easypay

Mailing Address 4900 Lemon Street

City: Tampa | State: FL | Zip Code: 33609-

Purpose of Disbursement: PAYROLL TAXES

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1473
Date of Disbursement: 06 / 11 / 2004

Amount of Each Disbursement this Period: 1960.66

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL TAXES

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

Mailing Address 1408 Plantation Circle., #1101

City: Plant City | State: FL | Zip Code: 33566-

Purpose of Disbursement: PAYROLL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0625200426E1546
Date of Disbursement: 06 / 25 / 2004

Amount of Each Disbursement this Period: 1390.69

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL

C. Full Name (Last, First, Middle Initial)
State Health Trust Fund

Mailing Address Room 701, 111 W. Madison St.
Claude Pepper Building

City: Tallahassee | State: FL | Zip Code: 32399-1400

Purpose of Disbursement: CAMPAIGN EMPLOYEE MEDICAL INSURANCE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1267
Date of Disbursement: 04 / 27 / 2004

Amount of Each Disbursement this Period: 344.11

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CAMPAIGN EMPLOYEE MEDICAL INSURANCE

SUBTOTAL of Disbursements This Page (optional) ▶ 3695.46

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

24020472209

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Florida Legislature

Mailing Address: Room 701, 111 W. Madison St. Claude Pepper Building

City: Tallahassee | State: FL | Zip Code: 32399-1400

Purpose of Disbursement: CAMPAIGN EMPLOYEE MEDICAL INSURANCE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1070
Date of Disbursement: 04 / 01 / 2004

Amount of Each Disbursement this Period: 37.68

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CAMPAIGN EMPLOYEE MEDICAL INSURANCE

B.
Full Name (Last, First, Middle Initial)
ADP Easypay

Mailing Address: 4900 Lemon Street

City: Tampa | State: FL | Zip Code: 33609-

Purpose of Disbursement: PROCESSING FEE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1472
Date of Disbursement: 05 / 28 / 2004

Amount of Each Disbursement this Period: 65.06

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PROCESSING FEE

C.
Full Name (Last, First, Middle Initial)
Eric Zichella

Mailing Address: 1408 Plantation Circle., #1101

City: Plant City | State: FL | Zip Code: 33566-

Purpose of Disbursement: PAYROLL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1361
Date of Disbursement: 05 / 14 / 2004

Amount of Each Disbursement this Period: 1390.69

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶ 1493.43

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

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24020472210

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
T-Mobile #1104

Mailing Address 360 Westfield Shopping Town

City: Brandon State: FL Zip Code: 33510-

Purpose of Disbursement
TELEPHONE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1147
Date of Disbursement: 04 / 14 / 2004

Amount of Each Disbursement this Period: 194.59

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TELEPHONE

B.
Full Name (Last, First, Middle Initial)
Electronic Merchant Systems

Mailing Address 5005 Rockside Rd., Ste. PH100

City: Independence State: OH Zip Code: 44131-6828

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1318
Date of Disbursement: 04 / 30 / 2004

Amount of Each Disbursement this Period: 81.64

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CREDIT CARD PROCESSING FEES

C.
Full Name (Last, First, Middle Initial)
MBA Graphics Of Tampa, Inc.

Mailing Address Aviation Division
201 Kelsey Lane

City: Tampa State: FL Zip Code: 33619-

Purpose of Disbursement
AIR TRAVEL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1317
Date of Disbursement: 05 / 05 / 2004

Amount of Each Disbursement this Period: 1620.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

AIR TRAVEL

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 1896.23

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

24020472211

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
WellCare, Inc.

Mailing Address 6800 N. Dale Mabry Hwy, Ste 266

City: Tampa State: FL Zip Code: 33614-

Purpose of Disbursement: AIR TRAVEL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1079
Date of Disbursement: 04 / 06 / 2004

Amount of Each Disbursement this Period: 149.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

AIR TRAVEL

B. Full Name (Last, First, Middle Initial)
Marcy L. Sawyer

Mailing Address 408 E. Virginia Ave.

City: Plant City State: FL Zip Code: 33563-

Purpose of Disbursement: PAYROLL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1266
Date of Disbursement: 04 / 30 / 2004

Amount of Each Disbursement this Period: 886.56

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL

C. Full Name (Last, First, Middle Initial)
State Health Trust Fund

Mailing Address Room 701, 111 W. Madison St.
Claude Pepper Building

City: Tallahassee State: FL Zip Code: 32399-1400

Purpose of Disbursement: CAMPAIGN EMPLOYEE MEDICAL INSURANCE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1258
Date of Disbursement: 04 / 27 / 2004

Amount of Each Disbursement this Period: 337.36

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CAMPAIGN EMPLOYEE MEDICAL INSURANCE

SUBTOTAL of Disbursements This Page (optional) ▶ 1372.92

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

24020472212
24020472212

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Patricia A. McClure

Mailing Address 2618 Durant Oaks Dr.

City: Valrico | State: FL | Zip Code: 33594-

Purpose of Disbursement: PAYROLL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1359
Date of Disbursement: 05 / 14 / 2004

Amount of Each Disbursement this Period: 1254.47

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL

B. Full Name (Last, First, Middle Initial)
ADP Easypay

Mailing Address 4900 Lemon Street

City: Tampa | State: FL | Zip Code: 33609-

Purpose of Disbursement: PAYROLL TAXES

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1362
Date of Disbursement: 05 / 14 / 2004

Amount of Each Disbursement this Period: 2075.54

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL TAXES

C. Full Name (Last, First, Middle Initial)
Cardmember Service

Mailing Address PO Box 15153

City: Wilmington | State: DE | Zip Code: 19886-5153

Purpose of Disbursement: CREDIT CARD: SEE BELOW

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1087
Date of Disbursement: 04 / 01 / 2004

Amount of Each Disbursement this Period: 5431.95

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶ 8761.96

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

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Airtran Airways
Mailing Address 140 Happy Valley Ct.
City Newnan State GA Zip Code 30263-
Purpose of Disbursement
AIR TRAVEL
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1126
Date of Disbursement 04 / 01 / 2004
Amount of Each Disbursement this Period 175.10
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: AIR TRAVEL

B.
Full Name (Last, First, Middle Initial)
Airtran Airways
Mailing Address 140 Happy Valley Ct.
City Newnan State GA Zip Code 30263-
Purpose of Disbursement
AIR TRAVEL
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1127
Date of Disbursement 04 / 01 / 2004
Amount of Each Disbursement this Period 350.20
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: AIR TRAVEL

C.
Full Name (Last, First, Middle Initial)
Airtran Airways
Mailing Address 140 Happy Valley Ct.
City Newnan State GA Zip Code 30263-
Purpose of Disbursement
AIR TRAVEL
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1125
Date of Disbursement 04 / 01 / 2004
Amount of Each Disbursement this Period 122.10
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: AIR TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

24020472214

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Chez Pierre

Transaction ID: 0421200446E1130
Date of Disbursement: 04 / 01 / 2004

Mailing Address 1215 Thomasville Rd.

City: Tallahassee State: FL Zip Code: 32303-

Amount of Each Disbursement this Period: 1039.26

Purpose of Disbursement: EVENT EXPENSES/CATERING

Candidate Name

Category/Type

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: EVENT EXPENSES/CATERING

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

B. Full Name (Last, First, Middle Initial)
Delta Air Lines

Transaction ID: 0421200446E1129
Date of Disbursement: 04 / 01 / 2004

Mailing Address P.O. Box 20706

City: Atlanta State: GA Zip Code: 30320-

Amount of Each Disbursement this Period: 304.70

Purpose of Disbursement: AIR TRAVEL

Candidate Name

Category/Type

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: AIR TRAVEL

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

C. Full Name (Last, First, Middle Initial)
HMS Host

Transaction ID: 0421200446E1122
Date of Disbursement: 04 / 01 / 2004

Mailing Address 5503 Spruce St.

City: Tampa State: FL Zip Code: 33614-

Amount of Each Disbursement this Period: 6.37

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/Type

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

24020472215

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
HMS Host

Mailing Address 5503 Spruce St.

City: Tampa | State: FL | Zip Code: 33614-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1123
Date of Disbursement: 04 / 01 / 2004

Amount of Each Disbursement this Period: 1.81

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

B. Full Name (Last, First, Middle Initial)
HMS Host

Mailing Address 5503 Spruce St.

City: Tampa | State: FL | Zip Code: 33614-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1120
Date of Disbursement: 04 / 01 / 2004

Amount of Each Disbursement this Period: 1.81

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

C. Full Name (Last, First, Middle Initial)
HMS Host

Mailing Address 5503 Spruce St.

City: Tampa | State: FL | Zip Code: 33614-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1121
Date of Disbursement: 04 / 01 / 2004

Amount of Each Disbursement this Period: 1.81

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Intercontinental Hotel

Mailing Address 100 Chopin Plaza

City: Miami State: FL Zip Code: 33131-

Purpose of Disbursement: LODGING

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1131
Date of Disbursement: 04 / 01 / 2004

Amount of Each Disbursement this Period: 273.93

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: LODGING

B. Full Name (Last, First, Middle Initial)
Maggianos

Mailing Address 203 Westshore Plaza

City: Tampa State: FL Zip Code: 33609-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1132
Date of Disbursement: 04 / 01 / 2004

Amount of Each Disbursement this Period: 167.46

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

C. Full Name (Last, First, Middle Initial)
Office Depot

Mailing Address 3151 Capital Circle NE

City: Tallahassee State: FL Zip Code: 32308-

Purpose of Disbursement: OFFICE EQUIPMENT

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1138
Date of Disbursement: 04 / 01 / 2004

Amount of Each Disbursement this Period: 450.50

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: OFFICE EQUIPMENT

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Outback Restaurant
Mailing Address 1203 Townsgate Ct.
City: Plant City State: FL Zip Code: 33563-
Purpose of Disbursement: FOOD/BEVERAGE
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0421200446E1094
Date of Disbursement: 04 / 01 / 2004
Amount of Each Disbursement this Period: 186.43
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: FOOD/BEVERAGE

B.
Full Name (Last, First, Middle Initial)
Outback Restaurant
Mailing Address 1203 Townsgate Ct.
City: Plant City State: FL Zip Code: 33563-
Purpose of Disbursement: FOOD/BEVERAGE
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0421200446E1095
Date of Disbursement: 04 / 01 / 2004
Amount of Each Disbursement this Period: 10.50
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: FOOD/BEVERAGE

C.
Full Name (Last, First, Middle Initial)
Outback Restaurant
Mailing Address 1203 Townsgate Ct.
City: Plant City State: FL Zip Code: 33563-
Purpose of Disbursement: FOOD/BEVERAGE
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0421200446E1096
Date of Disbursement: 04 / 01 / 2004
Amount of Each Disbursement this Period: 84.33
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: FOOD/BEVERAGE

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Republic Parking

Mailing Address 5503 Spruce St.

City: Tampa | State: FL | Zip Code: 33601-

Purpose of Disbursement: PARKING

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1092
Date of Disbursement: 04 / 01 / 2004

Amount of Each Disbursement this Period: 28.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: PARKING

B. Full Name (Last, First, Middle Initial)
Republic Parking

Mailing Address 5503 Spruce St.

City: Tampa | State: FL | Zip Code: 33601-

Purpose of Disbursement: PARKING

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1089
Date of Disbursement: 04 / 01 / 2004

Amount of Each Disbursement this Period: 14.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: PARKING

C. Full Name (Last, First, Middle Initial)
Republic Parking

Mailing Address 5503 Spruce St.

City: Tampa | State: FL | Zip Code: 33601-

Purpose of Disbursement: PARKING

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1090
Date of Disbursement: 04 / 01 / 2004

Amount of Each Disbursement this Period: 14.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: PARKING

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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24020472219

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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[ ] 20a [ ] 20b [ ] 20c [ ] 21

PAGE 216 / 262

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Republic Parking

Mailing Address 5503 Spruce St.

City: Tampa | State: FL | Zip Code: 33601-

Purpose of Disbursement: PARKING

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1091
Date of Disbursement: 04 / 01 / 2004

Amount of Each Disbursement this Period: 14.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: PARKING

B. Full Name (Last, First, Middle Initial)
Republic Parking

Mailing Address 5503 Spruce St.

City: Tampa | State: FL | Zip Code: 33601-

Purpose of Disbursement: PARKING

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1068
Date of Disbursement: 04 / 01 / 2004

Amount of Each Disbursement this Period: 70.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: PARKING

C. Full Name (Last, First, Middle Initial)
Southwest Airlines

Mailing Address P.O. Box 36647 - 1CR

City: Dallas | State: TX | Zip Code: 75235-1647

Purpose of Disbursement: AIR TRAVEL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1117
Date of Disbursement: 04 / 01 / 2004

Amount of Each Disbursement this Period: 174.70

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: AIR TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Southwest Airlines
Mailing Address P.O. Box 36647 - 1CR
City Dallas State TX Zip Code 75235-1647
Purpose of Disbursement
AIR TRAVEL
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0421200446E1118
Date of Disbursement 04 01 2004
Amount of Each Disbursement this Period 86.60
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: AIR TRAVEL

B.
Full Name (Last, First, Middle Initial)
Southwest Airlines
Mailing Address P.O. Box 36647 - 1CR
City Dallas State TX Zip Code 75235-1647
Purpose of Disbursement
AIR TRAVEL
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0421200446E1119
Date of Disbursement 04 01 2004
Amount of Each Disbursement this Period 88.10
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: AIR TRAVEL

C.
Full Name (Last, First, Middle Initial)
Southwest Airlines
Mailing Address P.O. Box 36647 - 1CR
City Dallas State TX Zip Code 75235-1647
Purpose of Disbursement
AIR TRAVEL
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0421200446E1114
Date of Disbursement 04 01 2004
Amount of Each Disbursement this Period 86.60
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: AIR TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

24020472221

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

PAGE 218 / 282

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Southwest Airlines

Mailing Address P.O. Box 36647 - 1CR

City: Dallas State: TX Zip Code: 75235-1647

Purpose of Disbursement: AIR TRAVEL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1115
Date of Disbursement: 04 / 01 / 2004

Amount of Each Disbursement this Period: 86.60

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: AIR TRAVEL

B. Full Name (Last, First, Middle Initial)
Southwest Airlines

Mailing Address P.O. Box 36647 - 1CR

City: Dallas State: TX Zip Code: 75235-1647

Purpose of Disbursement: AIR TRAVEL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1116
Date of Disbursement: 04 / 01 / 2004

Amount of Each Disbursement this Period: 174.70

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: AIR TRAVEL

C. Full Name (Last, First, Middle Initial)
Southwest Airlines

Mailing Address P.O. Box 36647 - 1CR

City: Dallas State: TX Zip Code: 75235-1647

Purpose of Disbursement: AIR TRAVEL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1111
Date of Disbursement: 04 / 01 / 2004

Amount of Each Disbursement this Period: 85.10

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: AIR TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

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24020472222

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Southwest Airlines

Mailing Address P.O. Box 36647 - 1CR

City: Dallas State: TX Zip Code: 75235-1647

Purpose of Disbursement
AIR TRAVEL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1112
Date of Disbursement: 04 / 01 / 2004

Amount of Each Disbursement this Period: 85.10

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: AIR TRAVEL

B. Full Name (Last, First, Middle Initial)
Southwest Airlines

Mailing Address P.O. Box 36647 - 1CR

City: Dallas State: TX Zip Code: 75235-1647

Purpose of Disbursement
AIR TRAVEL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1113
Date of Disbursement: 04 / 01 / 2004

Amount of Each Disbursement this Period: 86.60

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: AIR TRAVEL

C. Full Name (Last, First, Middle Initial)
Southwest Airlines

Mailing Address P.O. Box 36647 - 1CR

City: Dallas State: TX Zip Code: 75235-1647

Purpose of Disbursement
AIR TRAVEL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1110
Date of Disbursement: 04 / 01 / 2004

Amount of Each Disbursement this Period: 88.10

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: AIR TRAVEL

SUBTOTAL of Disbursements This Page (optional) 0.00

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

24020472223
24020472223

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
T-Mobile #1104

Mailing Address 360 Westfield Shopping Town

City: Brandon State: FL Zip Code: 33510-

Purpose of Disbursement: TELEPHONE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1108
Date of Disbursement: 04 / 01 / 2004

Amount of Each Disbursement this Period: 183.33

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: TELEPHONE

B. Full Name (Last, First, Middle Initial)
The Biltmore Hotel

Mailing Address 1200 Anastasia Ave.

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

Purpose of Disbursement: LODGING

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1128
Date of Disbursement: 04 / 01 / 2004

Amount of Each Disbursement this Period: 355.58

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: LODGING

C. Full Name (Last, First, Middle Initial)
State Health Trust Fund

Mailing Address Room 701, 111 W. Madison St.
Claude Pepper Building

City: Tallahassee State: FL Zip Code: 32399-1400

Purpose of Disbursement: CAMPAIGN EMPLOYEE MEDICAL INSURANCE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1361
Date of Disbursement: 05 / 21 / 2004

Amount of Each Disbursement this Period: 344.11

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CAMPAIGN EMPLOYEE MEDICAL INSURANCE

SUBTOTAL of Disbursements This Page (optional) ▶ 344.11

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

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24020472224

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Custom Scoop

Mailing Address P.O. Box 809

City Concord State NH Zip Code 03302-

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1379
Date of Disbursement 05 / 18 / 2004

Amount of Each Disbursement this Period
250.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBSCRIPTION

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

Mailing Address 1408 Plantation Circle., #1101

City Plant City State FL Zip Code 33566-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1234
Date of Disbursement 04 / 16 / 2004

Amount of Each Disbursement this Period
2379.59

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL

C. Full Name (Last, First, Middle Initial)
Laurel L. Shenar

Mailing Address 2835 Hammock Dr.

City Plant City State FL Zip Code 33566-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1037
Date of Disbursement 04 / 02 / 2004

Amount of Each Disbursement this Period
308.30

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶ 2937.89

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

24020472225
24020472225

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Verizon Florida, Inc

Mailing Address P.O. Box 920041

City: Dallas State: TX Zip Code: 75392-

Purpose of Disbursement
TELEPHONES

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1374
Date of Disbursement: 05 / 12 / 2004

Amount of Each Disbursement this Period: 887.53

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TELEPHONES

B. Full Name (Last, First, Middle Initial)
Florida Legislature

Mailing Address Room 701, 111 W. Madison St.
Claude Pepper Building

City: Tallahassee State: FL Zip Code: 32399-1400

Purpose of Disbursement
CAMPAIGN EMPLOYEE MEDICAL INSURANCE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1259
Date of Disbursement: 04 / 27 / 2004

Amount of Each Disbursement this Period: 32.32

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CAMPAIGN EMPLOYEE MEDICAL INSURANCE

C. Full Name (Last, First, Middle Initial)
Kelleigh Klein

Mailing Address 2802 Hammock Dr.

City: Plant City State: FL Zip Code: 33566-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1035
Date of Disbursement: 04 / 02 / 2004

Amount of Each Disbursement this Period: 1805.18

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶ 2725.03

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
MBA Graphics Of Tampa, Inc.

Mailing Address: Aviation Division, 201 Kelsey Lane

City: Tampa State: FL Zip Code: 33619-

Purpose of Disbursement: AIR TRAVEL

Candidate Name:

Category/Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1077
Date of Disbursement: 04 / 06 / 2004

Amount of Each Disbursement this Period: 1920.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

AIR TRAVEL

B. Full Name (Last, First, Middle Initial)
FedEx

Mailing Address: P.O. Box 94515

City: Palatine State: IL Zip Code: 60094-4515

Purpose of Disbursement: DELIVERY

Candidate Name:

Category/Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1312
Date of Disbursement: 05 / 04 / 2004

Amount of Each Disbursement this Period: 277.36

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

DELIVERY

C. Full Name (Last, First, Middle Initial)
Patricia A. McClure

Mailing Address: 2518 Durant Oaks Dr.

City: Valrico State: FL Zip Code: 33594-

Purpose of Disbursement: PAYROLL

Candidate Name:

Category/Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1478
Date of Disbursement: 06 / 11 / 2004

Amount of Each Disbursement this Period: 1254.47

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶ 3451.83

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

24020472227

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Garcia, Mackin & Associates, Inc.
Mailing Address PO Box 1222
City Safety Harbor State FL Zip Code 34695-
Purpose of Disbursement
MEDIA CONSULTING
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1386
Date of Disbursement 05 / 21 / 2004
Amount of Each Disbursement this Period 15000.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
MEDIA CONSULTING

B.
Full Name (Last, First, Middle Initial)
Johnnie Byrd
Mailing Address 2385 Hammock Drive
City Plant City State FL Zip Code 33566-
Purpose of Disbursement
REIMBURSEMENT: SEE BELOW
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1462
Date of Disbursement 05 / 06 / 2004
Amount of Each Disbursement this Period 2337.39
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
REIMBURSEMENT: SEE BELOW

C.
Full Name (Last, First, Middle Initial)
Plant City Airport Services
Mailing Address 4007 Airport Road
City Plant City State FL Zip Code 33563-1134
Purpose of Disbursement
AIR TRAVEL
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1484
Date of Disbursement 05 / 06 / 2004
Amount of Each Disbursement this Period 139.10
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: AIR TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶ 17337.39

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

24020472228
24020472228

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Avis Rent-A-Car
Mailing Address 1414 S. Monroe St.
City Tallahassee State FL Zip Code 32301-
Purpose of Disbursement
AUTO RENTAL
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1485
Date of Disbursement 06 / 08 / 2004
Amount of Each Disbursement this Period 394.14
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: AUTO RENTAL

B.
Full Name (Last, First, Middle Initial)
Best Buy Co.
Mailing Address 116 Grand Regency Blvd.
City Brandon State FL Zip Code 33510-
Purpose of Disbursement
COMPUTER EXPENSE
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1487
Date of Disbursement 06 / 08 / 2004
Amount of Each Disbursement this Period 117.68
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: COMPUTER EXPENSE

C.
Full Name (Last, First, Middle Initial)
Johnnie Byrd
Mailing Address 2385 Hammock Drive
City Plant City State FL Zip Code 33566-
Purpose of Disbursement
TRAVEL REIMB.
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1483
Date of Disbursement 06 / 08 / 2004
Amount of Each Disbursement this Period 966.42
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: TRAVEL REIMB.

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

24020472229
24020472229

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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[X] 17 [ ] 18 [ ] 19a [ ] 19b
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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Freds Market Restaurant

Mailing Address 1407 W. Dr. MLK Jr. Blvd.
Box 11

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1493
Date of Disbursement: 06 / 08 / 2004

Amount of Each Disbursement this Period: 59.98

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

B.
Full Name (Last, First, Middle Initial)
Outback Restaurant

Mailing Address 1203 Townsgate Ct.

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1491
Date of Disbursement: 06 / 08 / 2004

Amount of Each Disbursement this Period: 65.66

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

C.
Full Name (Last, First, Middle Initial)
Outback Restaurant

Mailing Address 1203 Townsgate Ct.

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1486
Date of Disbursement: 06 / 08 / 2004

Amount of Each Disbursement this Period: 86.45

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

24020472230
24020472230

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Staples

Mailing Address 1668 Jim Redman Parkway

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: OFFICE SUPPLIES

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1490
Date of Disbursement: 05 / 08 / 2004

Amount of Each Disbursement this Period: 301.68

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: OFFICE SUPPLIES

B. Full Name (Last, First, Middle Initial)
FedEx

Mailing Address P.O. Box 94515

City: Palatine | State: IL | Zip Code: 60094-4515

Purpose of Disbursement: DELIVERY

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1495
Date of Disbursement: 05 / 08 / 2004

Amount of Each Disbursement this Period: 258.71

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

DELIVERY

C. Full Name (Last, First, Middle Initial)
State Health Trust Fund

Mailing Address Room 701, 111 W. Madison St.
Claude Pepper Building

City: Tallahassee | State: FL | Zip Code: 32399-1400

Purpose of Disbursement: CAMPAIGN EMPLOYEE MEDICAL INSURANCE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1383
Date of Disbursement: 05 / 21 / 2004

Amount of Each Disbursement this Period: 337.38

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CAMPAIGN EMPLOYEE MEDICAL INSURANCE

SUBTOTAL of Disbursements This Page (optional) ▶ 596.07

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

24020472231

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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[X] 17 [ ] 18 [ ] 18a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Aristotle Intl, Inc

Mailing Address 2285 Peachtree Rd., NE, Suite 210

City: Atlanta | State: GA | Zip Code: 30309-

Purpose of Disbursement: CAMPAIGN SOFTWARE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1053
Date of Disbursement: 04 / 01 / 2004

Amount of Each Disbursement this Period: 2400.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CAMPAIGN SOFTWARE

B. Full Name (Last, First, Middle Initial)
Maggie E. Hahn

Mailing Address 904 W. Pinedale Dr.

City: Plant City | State: FL | Zip Code: 33565-

Purpose of Disbursement: PAYROLL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1230
Date of Disbursement: 04 / 16 / 2004

Amount of Each Disbursement this Period: 226.35

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL

C. Full Name (Last, First, Middle Initial)
FedEx

Mailing Address P.O. Box 94515

City: Palatine | State: IL | Zip Code: 60094-4515

Purpose of Disbursement: DELIVERY

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1052
Date of Disbursement: 04 / 01 / 2004

Amount of Each Disbursement this Period: 396.25

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

DELIVERY

SUBTOTAL of Disbursements This Page (optional) ▶ 3022.60

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

24020472232
24020472232

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Kelleigh Klein
Mailing Address 2802 Hammock Dr.
City: Plant City State: FL Zip Code: 33566-
Purpose of Disbursement: PAYROLL
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0611200417E1358
Date of Disbursement: 05 / 14 / 2004
Amount of Each Disbursement this Period: 1805.18
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
PAYROLL

B.
Full Name (Last, First, Middle Initial)
WJP Enterprises, Inc
Mailing Address 1402 E. Spencer St.
City: Plant City State: FL Zip Code: 33563-
Purpose of Disbursement: SOUND SYSTEM
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0611200417E1366
Date of Disbursement: 05 / 12 / 2004
Amount of Each Disbursement this Period: 250.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
SOUND SYSTEM

C.
Full Name (Last, First, Middle Initial)
Gallagher & Hollenbeck, LLC
Mailing Address 171 Madison St.
City: Wood Ridge State: NJ Zip Code: 07075-
Purpose of Disbursement: RESEARCH CONSULTING
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0421200446E1239
Date of Disbursement: 04 / 20 / 2004
Amount of Each Disbursement this Period: 10000.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
RESEARCH CONSULTING

SUBTOTAL of Disbursements This Page (optional) ▶ 12055.18

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

24020472233
24020472233

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Red Sea, LLC

Mailing Address 1111 19th St. NW, Suite 211

City: Washington State: DC Zip Code: 20036-

Purpose of Disbursement: ADVERTISING PRODUCTION

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1396
Date of Disbursement: 05 / 24 / 2004

Amount of Each Disbursement this Period: 32812.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

ADVERTISING PRODUCTION

B. Full Name (Last, First, Middle Initial)
ADP Easypay

Mailing Address 4900 Lemon Street

City: Tampa State: FL Zip Code: 33609-

Purpose of Disbursement: PROCESSING FEE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1227
Date of Disbursement: 04 / 16 / 2004

Amount of Each Disbursement this Period: 63.08

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PROCESSING FEE

C. Full Name (Last, First, Middle Initial)
Greater Plant City Chamber of Commerce

Mailing Address P.O. Box CC

City: Plant City State: FL Zip Code: 33564-9021

Purpose of Disbursement: LODGING

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1244
Date of Disbursement: 04 / 20 / 2004

Amount of Each Disbursement this Period: 234.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

LODGING

SUBTOTAL of Disbursements This Page (optional) ▶ 33109.08

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

24020472234

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Paul Bolan

Mailing Address 5984 Harvey Tew Rd.

City: Plant City State: FL Zip Code: 33565-

Purpose of Disbursement: PAYROLL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1463
Date of Disbursement: 05 / 28 / 2004

Amount of Each Disbursement this Period: 1101.89

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL

B. Full Name (Last, First, Middle Initial)
Office Depot, Inc.

Mailing Address 2200 Old Germantown Road

City: Delray Beach State: FL Zip Code: 33445-

Purpose of Disbursement: OFFICE SUPPLIES

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1373
Date of Disbursement: 05 / 12 / 2004

Amount of Each Disbursement this Period: 78.02

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

OFFICE SUPPLIES

C. Full Name (Last, First, Middle Initial)
Eric Zichella

Mailing Address 1408 Plantation Circle., #1101

City: Plant City State: FL Zip Code: 33566-

Purpose of Disbursement: TRAVEL REIMBURSEMENT

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1353
Date of Disbursement: 05 / 05 / 2004

Amount of Each Disbursement this Period: 90.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TRAVEL REIMBURSEMENT

SUBTOTAL of Disbursements This Page (optional) ▶ 1269.91

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

24020472235
24020472235

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
FedEx

Mailing Address P.O. Box 94515

City: Palatine State: IL Zip Code: 60094-4515

Purpose of Disbursement: DELIVERY

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1397
Date of Disbursement: 05 / 24 / 2004

Amount of Each Disbursement this Period: 261.25

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

DELIVERY

B.
Full Name (Last, First, Middle Initial)
Bairds Custom Framing

Mailing Address 107 E. Reynolds St.

City: Plant City State: FL Zip Code: 33565-

Purpose of Disbursement: FRAMING

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1316
Date of Disbursement: 05 / 04 / 2004

Amount of Each Disbursement this Period: 104.21

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

FRAMING

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

Mailing Address 5984 Harvey Tew Rd.

City: Plant City State: FL Zip Code: 33565-

Purpose of Disbursement: PAYROLL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1032
Date of Disbursement: 04 / 02 / 2004

Amount of Each Disbursement this Period: 1101.89

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶ 1467.35

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

24020472236

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Patricia A. McClure

Mailing Address 2618 Durant Oaks Dr.

City Valrico | State FL | Zip Code 33594-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0625200426E1543
Date of Disbursement 06 / 25 / 2004

Amount of Each Disbursement this Period
1254.47

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL

B. Full Name (Last, First, Middle Initial)
WellCare, Inc.

Mailing Address 8800 N. Dale Mabry Hwy, Ste 268

City Tampa | State FL | Zip Code 33614-

Purpose of Disbursement
AIR TRAVEL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1251
Date of Disbursement 04 / 21 / 2004

Amount of Each Disbursement this Period
957.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

AIR TRAVEL

C. Full Name (Last, First, Middle Initial)
T-Mobile

Mailing Address P.O. Box 742596

City Cincinnati | State OH | Zip Code 45274-2596

Purpose of Disbursement
TELEPHONE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1502
Date of Disbursement 06 / 10 / 2004

Amount of Each Disbursement this Period
390.89

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TELEPHONE

SUBTOTAL of Disbursements This Page (optional) ▶ 2592.36

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

24020472237
24020472237

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
U.S. Post Office
Mailing Address 301 W.Reynolds St.
City Plant City State FL Zip Code 33563-
Purpose of Disbursement
POSTAGE
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1527
Date of Disbursement 05 / 10 / 2004
Amount of Each Disbursement this Period 111.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
POSTAGE

B.
Full Name (Last, First, Middle Initial)
Laurel L. Sherer
Mailing Address 2835 Hammock Dr.
City Plant City State FL Zip Code 33566-
Purpose of Disbursement
PAYROLL
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1360
Date of Disbursement 05 / 14 / 2004
Amount of Each Disbursement this Period 472.06
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
PAYROLL

C.
Full Name (Last, First, Middle Initial)
Bright House Networks
Mailing Address 525 Grand Regency Blvd.
City Brandon State FL Zip Code 33510-3933
Purpose of Disbursement
INTERNET SERVICE
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1505
Date of Disbursement 05 / 10 / 2004
Amount of Each Disbursement this Period 143.82
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
INTERNET SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶ 726.88

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
State Health Trust Fund

Mailing Address: Room 701, 111 W. Madison St.
Claude Pepper Building

City: Tallahassee State: FL Zip Code: 32399-1400

Purpose of Disbursement:
CAMPAIGN EMPLOYEE MEDICAL INSURANCE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1068
Date of Disbursement: 04 / 01 / 2004

Amount of Each Disbursement this Period: 337.36

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CAMPAIGN EMPLOYEE MEDICAL INSURANCE

B. Full Name (Last, First, Middle Initial)
State Health Trust Fund

Mailing Address: Room 701, 111 W. Madison St.
Claude Pepper Building

City: Tallahassee State: FL Zip Code: 32399-1400

Purpose of Disbursement:
CAMPAIGN EMPLOYEE MEDICAL INSURANCE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1067
Date of Disbursement: 04 / 01 / 2004

Amount of Each Disbursement this Period: 344.11

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CAMPAIGN EMPLOYEE MEDICAL INSURANCE

C. Full Name (Last, First, Middle Initial)
ADP Easypay

Mailing Address: 4900 Lemon Street

City: Tampa State: FL Zip Code: 33609-

Purpose of Disbursement:
PAYROLL TAXES

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: DB11200417E1471
Date of Disbursement: 05 / 28 / 2004

Amount of Each Disbursement this Period: 2528.87

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL TAXES

SUBTOTAL of Disbursements This Page (optional) ▶ 3210.14

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

24020472239

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Red Sea, LLC

Mailing Address 1111 19th St. NW, Suite 211

City: Washington State: DC Zip Code: 20036-

Purpose of Disbursement
ADVERTISING

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1454
Date of Disbursement: 05 / 25 / 2004

Amount of Each Disbursement this Period: 86492.25

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

ADVERTISING

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

Mailing Address 65 Olive Drive

City: Hialeah State: FL Zip Code: 33010-

Purpose of Disbursement
REIMBURSEMENT: SEE BELOW

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1528
Date of Disbursement: 06 / 10 / 2004

Amount of Each Disbursement this Period: 5257.83

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

REIMBURSEMENT: SEE BELOW

C. Full Name (Last, First, Middle Initial)
Florida Legislature

Mailing Address Room 701, 111 W. Madison St.
Claude Pepper Building

City: Tallahassee State: FL Zip Code: 32399-1400

Purpose of Disbursement
CAMPAIGN EMPLOYEE MEDICAL INSURANCE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1531
Date of Disbursement: 06 / 10 / 2004

Amount of Each Disbursement this Period: 47.05

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: CAMPAIGN EMPLOYEE MEDICAL INSURANCE

SUBTOTAL of Disbursements This Page (optional) ▶ 91750.08

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

24020472240
24020472240

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Hudson Hotel
Mailing Address 356 W. 58th Street
City New York State NY Zip Code 10019-
Purpose of Disbursement LODGING
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0611200417E1532
Date of Disbursement 06 / 10 / 2004
Amount of Each Disbursement this Period 348.56
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: LODGING

B.
Full Name (Last, First, Middle Initial)
Rafael Perez
Mailing Address 65 Olive Drive
City Hialeah State FL Zip Code 33010-
Purpose of Disbursement POLITICAL CONSULTING
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0611200417E1529
Date of Disbursement 06 / 10 / 2004
Amount of Each Disbursement this Period 4500.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: POLITICAL CONSULTING

C.
Full Name (Last, First, Middle Initial)
State Health Trust Fund
Mailing Address Room 701, 111 W. Madison St. Claude Pepper Building
City Tallahassee State FL Zip Code 32399-1400
Purpose of Disbursement CAMPAIGN EMPLOYEE MEDICAL INSURANCE
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0611200417E1530
Date of Disbursement 06 / 10 / 2004
Amount of Each Disbursement this Period 362.22
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: CAMPAIGN EMPLOYEE MEDICAL INSURANCE

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

24020472241

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Maggie E. Hehn

Mailing Address 904 W. Pinedale Dr.

City: Plant City State: FL Zip Code: 33565-

Purpose of Disbursement: PAYROLL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1477
Date of Disbursement: 06 / 11 / 2004

Amount of Each Disbursement this Period: 492.27

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL

B. Full Name (Last, First, Middle Initial)
Mercy L. Sawyer

Mailing Address 408 E. Virginia Ave.

City: Plant City State: FL Zip Code: 33563-

Purpose of Disbursement: PAYROLL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1229
Date of Disbursement: 04 / 16 / 2004

Amount of Each Disbursement this Period: 886.56

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL

C. Full Name (Last, First, Middle Initial)
MBA Graphics Of Tampa, Inc.

Mailing Address Aviation Division
201 Kelsey Lane

City: Tampa State: FL Zip Code: 33619-

Purpose of Disbursement: AIR TRAVEL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1498
Date of Disbursement: 06 / 10 / 2004

Amount of Each Disbursement this Period: 2280.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

AIR TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶ 3658.83

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

24020472242

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

PAGE 239 / 282

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
FedEx

Mailing Address P.O. Box 94515

City: Palatine State: IL Zip Code: 60094-4515

Purpose of Disbursement: DELIVERY

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1392
Date of Disbursement: 05 / 21 / 2004

Amount of Each Disbursement this Period: 21.79

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

DELIVERY

B. Full Name (Last, First, Middle Initial)
Nextel Communication

Mailing Address P.O. Box 17990

City: Denver State: CO Zip Code: 80217-0990

Purpose of Disbursement: TELEPHONE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1499
Date of Disbursement: 06 / 10 / 2004

Amount of Each Disbursement this Period: 935.27

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TELEPHONE

C. Full Name (Last, First, Middle Initial)
Verizon Florida, Inc

Mailing Address P.O. Box 920041

City: Dallas State: TX Zip Code: 75392-

Purpose of Disbursement: TELEPHONES

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1151
Date of Disbursement: 04 / 14 / 2004

Amount of Each Disbursement this Period: 959.23

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TELEPHONES

SUBTOTAL of Disbursements This Page (optional) ▶ 1916.29

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

24020472243

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Florida Legislature

Mailing Address: Room 701, 111 W. Madison St. Claude Pepper Building

City: Tallahassee | State: FL | Zip Code: 32399-1400

Purpose of Disbursement: CAMPAIGN EMPLOYEE MEDICAL INSURANCE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1260
Date of Disbursement: 04 / 27 / 2004

Amount of Each Disbursement this Period: 37.68

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CAMPAIGN EMPLOYEE MEDICAL INSURANCE

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

Mailing Address: 5984 Harvey Tew Rd.

City: Plant City | State: FL | Zip Code: 33565-

Purpose of Disbursement: PAYROLL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0625200426E1539
Date of Disbursement: 06 / 25 / 2004

Amount of Each Disbursement this Period: 1101.89

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL

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

Mailing Address: 5984 Harvey Tew Rd.

City: Plant City | State: FL | Zip Code: 33565-

Purpose of Disbursement: POSTAGE REIMBURSEMENT

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1041
Date of Disbursement: 04 / 01 / 2004

Amount of Each Disbursement this Period: 39.20

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

POSTAGE REIMBURSEMENT

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 1178.77

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

24020472244

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Clarke American Checks, Inc.

Mailing Address 10575 Vista Park Rd.

City: Dallas State: TX Zip Code: 75238-

Purpose of Disbursement
PREPRINTED CHECKS

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1400
Date of Disbursement: 05 / 05 / 2004

Amount of Each Disbursement this Period: 70.24

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PREPRINTED CHECKS

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

Mailing Address 5984 Harvey Tew Rd.

City: Plant City State: FL Zip Code: 33565-

Purpose of Disbursement
GAS REIMB.

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1399
Date of Disbursement: 05 / 25 / 2004

Amount of Each Disbursement this Period: 46.93

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

GAS REIMB.

C.
Full Name (Last, First, Middle Initial)
FedEx

Mailing Address P.O. Box 94515

City: Palatine State: IL Zip Code: 60094-4515

Purpose of Disbursement
DELIVERY

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1155
Date of Disbursement: 04 / 14 / 2004

Amount of Each Disbursement this Period: 53.56

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

DELIVERY

SUBTOTAL of Disbursements This Page (optional) ▶ 170.73

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

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

Mailing Address 1408 Plantation Circle., #1101

City: Plant City | State: FL | Zip Code: 33566-

Purpose of Disbursement: PAYROLL

Candidate Name:

Category/Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1038
Date of Disbursement: 04 / 02 / 2004

Amount of Each Disbursement this Period: 1390.69

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL

B. Full Name (Last, First, Middle Initial)
ADP Easypay

Mailing Address 4900 Lemon Street

City: Tampa | State: FL | Zip Code: 33609-

Purpose of Disbursement: PAYROLL TAXES

Candidate Name:

Category/Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1030
Date of Disbursement: 04 / 02 / 2004

Amount of Each Disbursement this Period: 2154.49

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL TAXES

C. Full Name (Last, First, Middle Initial)
Edwards, Platt, Raulerson & Co. PA

Mailing Address 101 E. Mahoney St.

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: ACCOUNTING/CONSULTING SERVICES

Candidate Name:

Category/Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1526
Date of Disbursement: 06 / 10 / 2004

Amount of Each Disbursement this Period: 3000.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

ACCOUNTING/CONSULTING SERVICES

SUBTOTAL of Disbursements This Page (optional) ▶ 6545.18

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

24020472246

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
ADP Easypay

Mailing Address 4900 Lemon Street

City: Tampa State: FL Zip Code: 33609-

Purpose of Disbursement: PAYROLL TAXES

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0625200426E1547
Date of Disbursement: 06 / 25 / 2004

Amount of Each Disbursement this Period: 1838.82

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL TAXES

B.
Full Name (Last, First, Middle Initial)
Naples Air Inc

Mailing Address 100 Aviation Dr. S., Ste. 101

City: Naples State: FL Zip Code: 34104-

Purpose of Disbursement: AIR TRAVEL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200448E1062
Date of Disbursement: 04 / 01 / 2004

Amount of Each Disbursement this Period: 2350.50

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

AIR TRAVEL

C.
Full Name (Last, First, Middle Initial)
MBA Graphics Of Tampa, Inc.

Mailing Address Aviation Division
201 Kelsey Lane

City: Tampa State: FL Zip Code: 33619-

Purpose of Disbursement: AIR TRAVEL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1504
Date of Disbursement: 06 / 10 / 2004

Amount of Each Disbursement this Period: 1260.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

AIR TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶ 5449.12

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

24020472247

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
ADP Easypay

Mailing Address 4900 Lemon Street

City: Tampa State: FL Zip Code: 33609-

Purpose of Disbursement: PROCESSING FEE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0625200426E1548
Date of Disbursement: 06 / 25 / 2004

Amount of Each Disbursement this Period: 65.06

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PROCESSING FEE

B. Full Name (Last, First, Middle Initial)
Nextel Communication

Mailing Address P.O. Box 17990

City: Denver State: CO Zip Code: 80217-0990

Purpose of Disbursement: TELEPHONE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1086
Date of Disbursement: 04 / 13 / 2004

Amount of Each Disbursement this Period: 927.03

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TELEPHONE

C. Full Name (Last, First, Middle Initial)
Gallagher & Hollenbeck, LLC

Mailing Address 171 Madison St.

City: Wood Ridge State: NJ Zip Code: 07075-

Purpose of Disbursement: RESEARCH CONSULTING

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1524
Date of Disbursement: 06 / 10 / 2004

Amount of Each Disbursement this Period: 6235.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

RESEARCH CONSULTING

SUBTOTAL of Disbursements This Page (optional) ▶ 7227.09

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

24020472248
24020472248

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Tampa Electric

Mailing Address P.O. Box 31318

City: Tampa State: FL Zip Code: 33631-3318

Purpose of Disbursement: UTILITIES

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1375
Date of Disbursement: 05 / 12 / 2004

Amount of Each Disbursement this Period: 170.58

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

UTILITIES

B.
Full Name (Last, First, Middle Initial)
Kelleigh Klein

Mailing Address 2802 Hammock Dr.

City: Plant City State: FL Zip Code: 33566-

Purpose of Disbursement: PAYROLL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1231
Date of Disbursement: 04 / 16 / 2004

Amount of Each Disbursement this Period: 1805.18

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL

C.
Full Name (Last, First, Middle Initial)
City of Plant City

Mailing Address Water Dept. P.O. Box C

City: Plant City State: FL Zip Code: 33564-9003

Purpose of Disbursement: UTILITIES

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1503
Date of Disbursement: 06 / 10 / 2004

Amount of Each Disbursement this Period: 90.07

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

UTILITIES

SUBTOTAL of Disbursements This Page (optional) ▶ 2065.83

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

24020472249
24020472249

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Patricia A. McClure

Mailing Address 2618 Durant Oaks Dr.

City: Valrico | State: FL | Zip Code: 33594-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1268
Date of Disbursement: 04 / 30 / 2004

Amount of Each Disbursement this Period: 1254.47

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL

B.
Full Name (Last, First, Middle Initial)
Laurel L. Sherer

Mailing Address 2635 Hammock Dr.

City: Plant City | State: FL | Zip Code: 33566-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1269
Date of Disbursement: 04 / 30 / 2004

Amount of Each Disbursement this Period: 545.55

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL

C.
Full Name (Last, First, Middle Initial)
Ancom Systems

Mailing Address 5312 W. Crenshaw Street

City: Tampa | State: FL | Zip Code: 33634-2407

Purpose of Disbursement
REPAIRS & MAINTENANCE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1153
Date of Disbursement: 04 / 14 / 2004

Amount of Each Disbursement this Period: 45.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

REPAIRS & MAINTENANCE

SUBTOTAL of Disbursements This Page (optional) ▶ 1845.02

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

24020472250

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Gulf Coast Aircraft Service

Mailing Address 101 Laurel Tree Way

City: Brandon State: FL Zip Code: 33511-

Purpose of Disbursement: AIR TRAVEL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1365
Date of Disbursement: 05 / 12 / 2004

Amount of Each Disbursement this Period: 2280.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

AIR TRAVEL

B.
Full Name (Last, First, Middle Initial)
Mercy L. Sawyer

Mailing Address 408 E. Virginia Ave.

City: Plant City State: FL Zip Code: 33563-

Purpose of Disbursement: PAYROLL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1033
Date of Disbursement: 04 / 02 / 2004

Amount of Each Disbursement this Period: 886.56

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL

C.
Full Name (Last, First, Middle Initial)
Ernest Blazar

Mailing Address 424 S Fayette St.

City: Alexandria State: VA Zip Code: 22314-1045

Purpose of Disbursement: ISSUE RESEARCH

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1520
Date of Disbursement: 06 / 10 / 2004

Amount of Each Disbursement this Period: 5250.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

ISSUE RESEARCH

SUBTOTAL of Disbursements This Page (optional) ▶ 8416.56

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

24020472251
24020472251

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
U.S. Post Office

Mailing Address 301 W.Reynolds St.

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: POSTAGE
Candidate Name
Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0622200419E1537
Date of Disbursement: 06 / 21 / 2004

Amount of Each Disbursement this Period: 370.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

POSTAGE

B. Full Name (Last, First, Middle Initial)
FedEx

Mailing Address P.O. Box 94515

City: Palatine | State: IL | Zip Code: 60094-4515

Purpose of Disbursement: DELIVERY
Candidate Name
Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1051
Date of Disbursement: 04 / 01 / 2004

Amount of Each Disbursement this Period: 279.91

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

DELIVERY

C. Full Name (Last, First, Middle Initial)
ADP Easypay

Mailing Address 4900 Lemon Street

City: Tampa | State: FL | Zip Code: 33609-

Purpose of Disbursement: PROCESSING FEE
Candidate Name
Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1474
Date of Disbursement: 06 / 11 / 2004

Amount of Each Disbursement this Period: 63.08

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PROCESSING FEE

SUBTOTAL of Disbursements This Page (optional) ▶ 712.99

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

24020472252

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Grand Hyatt Tampa Bay

Mailing Address 6200 Courtney Campbell Causeway

City: Tampa State: FL Zip Code: 33607-

Purpose of Disbursement
RECEPTION FOOD/BEVERAGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1254
Date of Disbursement: 04 / 22 / 2004

Amount of Each Disbursement this Period: 2481.01

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

RECEPTION FOOD/BEVERAGE

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

Mailing Address 1408 Plantation Circle., #1101

City: Plant City State: FL Zip Code: 33566-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1470
Date of Disbursement: 05 / 28 / 2004

Amount of Each Disbursement this Period: 1390.66

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL

C.
Full Name (Last, First, Middle Initial)
Marty Fiorentino

Mailing Address 712 Great Egret Way

City: Ponte Vedra Beach State: FL Zip Code: 32082-7226

Purpose of Disbursement
EVENT EXPENSE/CATERING

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1042
Date of Disbursement: 04 / 01 / 2004

Amount of Each Disbursement this Period: 1226.65

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

EVENT EXPENSE/CATERING

SUBTOTAL of Disbursements This Page (optional) ▶ 5098.34

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

24020472253

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
U.S. Post Office

Mailing Address 301 W.Reynolds St.

City: Plant City State: FL Zip Code: 33563-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0629200452E1618
Date of Disbursement: 05 / 28 / 2004

Amount of Each Disbursement this Period: 740.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

POSTAGE

B. Full Name (Last, First, Middle Initial)
U.S. Post Office

Mailing Address 301 W.Reynolds St.

City: Plant City State: FL Zip Code: 33563-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1351
Date of Disbursement: 05 / 05 / 2004

Amount of Each Disbursement this Period: 370.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

POSTAGE

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

Mailing Address 2385 Hammock Drive

City: Plant City State: FL Zip Code: 33566-

Purpose of Disbursement
REIMBURSEMENT: SEE BELOW

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1328
Date of Disbursement: 05 / 05 / 2004

Amount of Each Disbursement this Period: 1327.29

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

REIMBURSEMENT: SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶ 2437.29

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

24020472254
24020472254

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Applebees

Transaction ID: 0511200445E1334
Date of Disbursement: 05 / 05 / 2004

Mailing Address: 1204 Townsgate Court

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name:

Category/Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Amount of Each Disbursement this Period: 30.20

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

B. Full Name (Last, First, Middle Initial)
Avis Rent-A-Car

Transaction ID: 0511200445E1343
Date of Disbursement: 05 / 05 / 2004

Mailing Address: 1414 S. Monroe St.

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

Purpose of Disbursement: AUTO RENTAL

Candidate Name:

Category/Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Amount of Each Disbursement this Period: 166.54

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: AUTO RENTAL

C. Full Name (Last, First, Middle Initial)
Avis Rent-A-Car

Transaction ID: 0511200445E1342
Date of Disbursement: 05 / 05 / 2004

Mailing Address: 1414 S. Monroe St.

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

Purpose of Disbursement: AUTO RENTAL

Candidate Name:

Category/Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Amount of Each Disbursement this Period: 151.82

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: AUTO RENTAL

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

24020472255
24020472255

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Avis Rent-A-Car

Mailing Address 1555 Perimeter Rd.

City: Dania State: FL Zip Code: 33004-

Purpose of Disbursement: AUTO RENTAL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1344
Date of Disbursement: 05 / 05 / 2004

Amount of Each Disbursement this Period: 45.51

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: AUTO RENTAL

B.
Full Name (Last, First, Middle Initial)
Barnes & Noble

Mailing Address 122 Brandon Town Center Dr

City: Brandon State: FL Zip Code: 33510-

Purpose of Disbursement: PERIODICALS/LITERATURE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1340
Date of Disbursement: 05 / 05 / 2004

Amount of Each Disbursement this Period: 49.04

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: PERIODICALS/LITERATURE

C.
Full Name (Last, First, Middle Initial)
Shelbys American Bistro

Mailing Address 110 E. Reynolds St.

City: Plant City State: FL Zip Code: 33563-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1341
Date of Disbursement: 05 / 05 / 2004

Amount of Each Disbursement this Period: 30.07

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

24020472256

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Shelbys American Bistro

Mailing Address 110 E. Reynolds St.

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1328
Date of Disbursement: 05 / 05 / 2004

Amount of Each Disbursement this Period: 34.15

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

B.
Full Name (Last, First, Middle Initial)
Shelbys American Bistro

Mailing Address 110 E. Reynolds St.

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1338
Date of Disbursement: 05 / 05 / 2004

Amount of Each Disbursement this Period: 29.94

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

C.
Full Name (Last, First, Middle Initial)
Outback Restaurant

Mailing Address 1203 Townegate Ct.

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1327
Date of Disbursement: 05 / 05 / 2004

Amount of Each Disbursement this Period: 88.09

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

24020472257

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Outback Restaurant
Mailing Address 1203 Townsgate Ct.
City: Plant City State: FL Zip Code: 33563-
Purpose of Disbursement: FOOD/BEVERAGE
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0511200445E1330
Date of Disbursement: 05 / 05 / 2004
Amount of Each Disbursement this Period: 77.81
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: FOOD/BEVERAGE

B.
Full Name (Last, First, Middle Initial)
Staples
Mailing Address 1886 Jim Redman Parkway
City: Plant City State: FL Zip Code: 33563-
Purpose of Disbursement: OFFICE SUPPLIES
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0511200445E1331
Date of Disbursement: 05 / 05 / 2004
Amount of Each Disbursement this Period: 43.81
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: OFFICE SUPPLIES

C.
Full Name (Last, First, Middle Initial)
Tampa Flying Service
Mailing Address 825 Severn Ave.
City: Tampa State: FL Zip Code: 33606-
Purpose of Disbursement: AIR TRAVEL
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 0511200445E1347
Date of Disbursement: 05 / 05 / 2004
Amount of Each Disbursement this Period: 113.60
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: AIR TRAVEL

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 0.00

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

24020472258
24020472258

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Tampa Flying Service

Mailing Address 825 Severn Ave.

City: Tampa State: FL Zip Code: 33606-

Purpose of Disbursement: AIR TRAVEL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1348
Date of Disbursement: 05 / 05 / 2004

Amount of Each Disbursement this Period: 35.31

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: AIR TRAVEL

B. Full Name (Last, First, Middle Initial)
Johnnie Byrd

Mailing Address 2385 Hammock Drive

City: Plant City State: FL Zip Code: 33566-

Purpose of Disbursement: REIMBURSEMENT: SEE BELOW

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1242
Date of Disbursement: 04 / 20 / 2004

Amount of Each Disbursement this Period: 604.02

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

REIMBURSEMENT: SEE BELOW

C. Full Name (Last, First, Middle Initial)
Plant City Airport Services

Mailing Address 4007 Airport Road

City: Plant City State: FL Zip Code: 33563-1134

Purpose of Disbursement: AIR TRAVEL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1243
Date of Disbursement: 04 / 20 / 2004

Amount of Each Disbursement this Period: 604.02

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: AIR TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶ 604.02

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

24020472259
24020472259

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 19 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Marcy L. Sawyer

Transaction ID: 0625200426E1544
Date of Disbursement: 06 / 25 / 2004

Mailing Address 408 E. Virginia Ave.

City: Plant City | State: FL | Zip Code: 33563-

Amount of Each Disbursement this Period: 886.56

Purpose of Disbursement: PAYROLL

Candidate Name

Category/Type

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ▼

PAYROLL

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

Transaction ID: 0511200445E1325
Date of Disbursement: 05 / 05 / 2004

Mailing Address 5984 Harvey Tew Rd.

City: Plant City | State: FL | Zip Code: 33565-

Amount of Each Disbursement this Period: 46.18

Purpose of Disbursement: OFFICE SUPPLIES REIMBURSEMENT

Candidate Name

Category/Type

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ▼

OFFICE SUPPLIES REIMBURSEMENT

C. Full Name (Last, First, Middle Initial)
Walden Lake Realty, Inc.

Transaction ID: 0421200448E1063
Date of Disbursement: 04 / 01 / 2004

Mailing Address 1607 S. Alexander St., Ste 102

City: Plant City | State: FL | Zip Code: 33563-

Amount of Each Disbursement this Period: 918.00

Purpose of Disbursement: OFFICE RENT

Candidate Name

Category/Type

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ▼

OFFICE RENT

SUBTOTAL of Disbursements This Page (optional) ▶ 1850.74

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

24020472260
24020472260

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Patricia A. McClure

Transaction ID: 0611200417E1456
Date of Disbursement: 05 / 25 / 2004

Mailing Address 2618 Durant Oaks Dr.

City: Valrico | State: FL | Zip Code: 33594-

Amount of Each Disbursement this Period: 397.50

Purpose of Disbursement
REIMBURSEMENT: SEE BELOW

Candidate Name

Category/Type

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

REIMBURSEMENT: SEE BELOW

B. Full Name (Last, First, Middle Initial)
Patricia A. McClure

Transaction ID: 0611200417E1457
Date of Disbursement: 05 / 25 / 2004

Mailing Address 2618 Durant Oaks Dr.

City: Valrico | State: FL | Zip Code: 33594-

Amount of Each Disbursement this Period: 352.50

Purpose of Disbursement
TRAVEL

Candidate Name

Category/Type

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

[MEMO ITEM]
MEMO: TRAVEL

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

Transaction ID: 0511200445E1349
Date of Disbursement: 05 / 05 / 2004

Mailing Address 2365 Hammock Drive

City: Plant City | State: FL | Zip Code: 33566-

Amount of Each Disbursement this Period: 2113.80

Purpose of Disbursement
REIMBURSEMENT: SEE BELOW

Candidate Name

Category/Type

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

REIMBURSEMENT: SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶ 2511.30

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

24020472261

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Johnnie Byrd

Mailing Address 2385 Hammock Drive

City: Plant City State: FL Zip Code: 33566-

Purpose of Disbursement: TRAVEL REIMB.

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0511200445E1350
Date of Disbursement: 05 / 05 / 2004

Amount of Each Disbursement this Period: 2113.80

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: TRAVEL REIMB.

B.
Full Name (Last, First, Middle Initial)
Florida Legislature

Mailing Address Room 701, 111 W. Madison St.
Claude Pepper Building

City: Tallahassee State: FL Zip Code: 32399-1400

Purpose of Disbursement: CAMPAIGN EMPLOYEE MEDICAL INSURANCE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0611200417E1398
Date of Disbursement: 05 / 24 / 2004

Amount of Each Disbursement this Period: 3.56

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CAMPAIGN EMPLOYEE MEDICAL INSURANCE

C.
Full Name (Last, First, Middle Initial)
Butler Enterprises

Mailing Address 2306 SW 13th St., Ste. 1206

City: Gainesville State: FL Zip Code: 32608-

Purpose of Disbursement: AIR TRAVEL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1078
Date of Disbursement: 04 / 06 / 2004

Amount of Each Disbursement this Period: 551.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

AIR TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶ 554.56

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
MBA Graphics Of Tampa, Inc.

Transaction ID: 0611200417E1377
Date of Disbursement: 05 / 17 / 2004

Mailing Address: Aviation Division, 201 Kelsey Lane

City: Tampa | State: FL | Zip Code: 33619-

Amount of Each Disbursement this Period: 8100.00

Purpose of Disbursement: AIR TRAVEL

Candidate Name:

Category/Type:

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

AIR TRAVEL

B. Full Name (Last, First, Middle Initial)
Department of State

Transaction ID: 0421200446E1240
Date of Disbursement: 04 / 20 / 2004

Mailing Address: Division of Elections, 107 W. Gaines Street, The Collins

City: Tallahassee | State: FL | Zip Code: 32399-0250

Amount of Each Disbursement this Period: 9282.00

Purpose of Disbursement: FILING FEE

Candidate Name:

Category/Type:

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

FILING FEE

C. Full Name (Last, First, Middle Initial)
T-Mobile

Transaction ID: 0611200417E1368
Date of Disbursement: 05 / 12 / 2004

Mailing Address: P.O. Box 742596

City: Cincinnati | State: OH | Zip Code: 45274-2596

Amount of Each Disbursement this Period: 200.30

Purpose of Disbursement: TELEPHONE

Candidate Name:

Category/Type:

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

TELEPHONE

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 17582.30

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

24020472263

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
University Club Of Tampa

Mailing Address: One Tampa City Center, Suite 3800

City: Tampa | State: FL | Zip Code: 33602-

Purpose of Disbursement: FOOD/BEVERAGES

Candidate Name:

Category/Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1154
Date of Disbursement: 04 / 14 / 2004

Amount of Each Disbursement this Period: 272.85

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

FOOD/BEVERAGES

B. Full Name (Last, First, Middle Initial)
U.S. Post Office

Mailing Address: 301 W.Reynolds St.

City: Plant City | State: FL | Zip Code: 33563-

Purpose of Disbursement: POSTAGE

Candidate Name:

Category/Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0421200446E1099
Date of Disbursement: 04 / 01 / 2004

Amount of Each Disbursement this Period: 15.25

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

POSTAGE

SUBTOTAL of Disbursements This Page (optional) ▶	288.10
TOTAL This Period (last page this line number only) ▶	859032.20

24020472264

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

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

Mailing Address 11645 Thonotosassa Rd

City: Thonotosassa State: FL Zip Code: 33592-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0628200452E1610
Date of Disbursement: 06 / 28 / 2004

Amount of Each Disbursement this Period: 2000.00

☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Belle Bear

Mailing Address 72 Highpoint Dr.

City: Gulf Breeze State: FL Zip Code: 32561-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0625200426E1563
Date of Disbursement: 06 / 23 / 2004

Amount of Each Disbursement this Period: 2000.00

☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Lewis Bear, Jr.

Mailing Address 72 Highpoint Dr.

City: Gulf Breeze State: FL Zip Code: 32561-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0625200426E1564
Date of Disbursement: 06 / 23 / 2004

Amount of Each Disbursement this Period: 2000.00

☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

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

24020472265

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Cassie J. Boemi

Mailing Address 11181 Health Park Blvd., Ste. #303

City: Naples State: FL Zip Code: 34110-

Purpose of Disbursement
Refund of Contribution

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General
☐ Other (specify)

Transaction ID: 0629200452E1625
Date of Disbursement: 06 / 28 / 2004

Amount of Each Disbursement this Period: 2000.00

☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Luciano Boemi, MD

Mailing Address 11181 Health Park Blvd., Suite #30

City: Naples State: FL Zip Code: 34110-

Purpose of Disbursement
Refund of Contribution

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General
☐ Other (specify)

Transaction ID: 0629200452E1619
Date of Disbursement: 06 / 28 / 2004

Amount of Each Disbursement this Period: 2000.00

☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Wesley L. Burnham

Mailing Address 11212 Front Beach Rd.

City: Panama City Beach State: FL Zip Code: 32407-

Purpose of Disbursement
Refund of Contribution

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004
☐ Primary ☒ General
☐ Other (specify)

Transaction ID: 0625200426E1558
Date of Disbursement: 06 / 23 / 2004

Amount of Each Disbursement this Period: 1000.00

☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

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

24020472266
24020472266

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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[X] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Arnold L. Chase

Mailing Address 280 Trumbull St., 24th Fl.

City: Hartford State: CT Zip Code: 06103-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2004 [ ] Primary [X] General [ ] Other (specify)

Transaction ID: 0625200426E1554
Date of Disbursement: 06 / 23 / 2004

Amount of Each Disbursement this Period: 2000.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Cheryl A. Chase

Mailing Address 280 Trumbull St., 24th Fl.

City: Hartford State: CT Zip Code: 06103-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2004 [ ] Primary [X] General [ ] Other (specify)

Transaction ID: 0625200426E1553
Date of Disbursement: 06 / 23 / 2004

Amount of Each Disbursement this Period: 2000.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
David T. Chase

Mailing Address 280 Trumbull St., 24th Fl.

City: Hartford State: CT Zip Code: 06103-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2004 [ ] Primary [X] General [ ] Other (specify)

Transaction ID: 0625200426E1552
Date of Disbursement: 06 / 23 / 2004

Amount of Each Disbursement this Period: 2000.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

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

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Rhoda L. Chase

Transaction ID: 0625200426E1556
Date of Disbursement
06 / 23 / 2004

Mailing Address 280 Trumbull St., 24th Fl.

City: Hartford State: CT Zip Code: 06103-

Amount of Each Disbursement this Period: 2000.00

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/Type

☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

B.
Full Name (Last, First, Middle Initial)
Sandra M. Chase

Transaction ID: 0625200426E1555
Date of Disbursement
06 / 23 / 2004

Mailing Address 280 Trumbull St., 24th Fl.

City: Hartford State: CT Zip Code: 06103-

Amount of Each Disbursement this Period: 2000.00

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/Type

☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

C.
Full Name (Last, First, Middle Initial)
Fredi Consolo

Transaction ID: 0629200452E1608
Date of Disbursement
06 / 25 / 2004

Mailing Address 19955 NE 38th Ct., Apt. 3104

City: Aventura State: FL Zip Code: 33180-

Amount of Each Disbursement this Period: 2000.00

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/Type

☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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[X] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Robert Consolo

Mailing Address 19955 NE 38th Ct., Apt. 3104

City: Aventura | State: FL | Zip Code: 33180-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2004 [ ] Primary [X] General [ ] Other (specify)

Transaction ID: 0629200452E1607
Date of Disbursement: 08 / 25 / 2004

Amount of Each Disbursement this Period: 2000.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Blane Crandall

Mailing Address 777 Wedge Drive

City: Naples | State: FL | Zip Code: 34109-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2004 [ ] Primary [X] General [ ] Other (specify)

Transaction ID: 0629200452E1621
Date of Disbursement: 08 / 28 / 2004

Amount of Each Disbursement this Period: 2000.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Susie Donovan

Mailing Address 316 S. Baylen St. Suite 300

City: Pensacola | State: FL | Zip Code: 32501-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2004 [ ] Primary [X] General [ ] Other (specify)

Transaction ID: 0625200426E1562
Date of Disbursement: 06 / 23 / 2004

Amount of Each Disbursement this Period: 1000.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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[X] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Karen L. Durden

Mailing Address P.O. Box 28030

City: Panama City Beach State: FL Zip Code: 32411-

Purpose of Disbursement
Refund of Contribution

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2004 [ ] Primary [X] General [ ] Other (specify)

Transaction ID: 0625200426E1559
Date of Disbursement: 06 / 23 / 2004

Amount of Each Disbursement this Period: 2000.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Scott A. Edmonds

Mailing Address 11215 Metro Pkwy.

City: Fort Myers State: FL Zip Code: 33912-

Purpose of Disbursement
Refund of Contribution

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2004 [ ] Primary [X] General [ ] Other (specify)

Transaction ID: 0511200445E1323
Date of Disbursement: 05 / 05 / 2004

Amount of Each Disbursement this Period: 1000.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Tricia L. Edwards

Mailing Address 1120 Pennsylvania Ave

City: Lynn Haven State: FL Zip Code: 32444-

Purpose of Disbursement
Refund of Contribution

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2004 [ ] Primary [X] General [ ] Other (specify)

Transaction ID: 0625200426E1579
Date of Disbursement: 06 / 23 / 2004

Amount of Each Disbursement this Period: 2000.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

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

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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[X] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Mark T. Farrell
Mailing Address 5020 Bentgrass Circle
City: Ponte Vedra Beach State: FL Zip Code: 32082-
Purpose of Disbursement: Refund of Contribution
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2004 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: 0629200452E1624
Date of Disbursement: 08 / 28 / 2004
Amount of Each Disbursement this Period: 1000.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
James Finch
Mailing Address 1805 Tennessee Ave
City: Lynn Haven State: FL Zip Code: 32444-
Purpose of Disbursement: Refund of Contribution
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2004 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: 0625200426E1578
Date of Disbursement: 08 / 23 / 2004
Amount of Each Disbursement this Period: 2000.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Tamara Fox Meyerson
Mailing Address 6381 Allison Rd.
City: Miami Beach State: FL Zip Code: 33141-
Purpose of Disbursement: Refund of Contribution
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2004 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: 0629200452E1628
Date of Disbursement: 08 / 28 / 2004
Amount of Each Disbursement this Period: 1000.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 4000.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Dr. Mark Frankle

Transaction ID: 0629200452E1614
Date of Disbursement: 06 / 28 / 2004

Mailing Address 13020 Telecom Pkwy

City: Temple Terrace | State: FL | Zip Code: 33637-

Amount of Each Disbursement this Period: 2000.00

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/Type

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2004 [ ] Primary [X] General [ ] Other (specify)

B. Full Name (Last, First, Middle Initial)
Mona K. Fulmer

Transaction ID: 0629200452E1602
Date of Disbursement: 06 / 25 / 2004

Mailing Address 2712 Laurel Oak Dr.

City: Plant City | State: FL | Zip Code: 33568-

Amount of Each Disbursement this Period: 2000.00

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/Type

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2004 [ ] Primary [X] General [ ] Other (specify)

C. Full Name (Last, First, Middle Initial)
Richard L. Fulmer

Transaction ID: 0629200452E1601
Date of Disbursement: 06 / 25 / 2004

Mailing Address 2712 Laurel Oak Dr.

City: Plant City | State: FL | Zip Code: 33568-

Amount of Each Disbursement this Period: 2000.00

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/Type

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2004 [ ] Primary [X] General [ ] Other (specify)

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Joseph Geuta

Mailing Address 5941 20th Ave. NW

City: Naples State: FL Zip Code: 34119-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2004 [ ] Primary [X] General [ ] Other (specify)

Transaction ID: 0629200452E1820
Date of Disbursement: 06 / 28 / 2004

Amount of Each Disbursement this Period: 2000.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Margie M. Henn

Mailing Address 22773 Ponderosa Drive

City: Boca Raton State: FL Zip Code: 33428-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2004 [ ] Primary [X] General [ ] Other (specify)

Transaction ID: 0625200426E1567
Date of Disbursement: 06 / 23 / 2004

Amount of Each Disbursement this Period: 2000.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Peter J. Henn

Mailing Address 22773 Ponderosa Drive

City: Boca Raton State: FL Zip Code: 33428-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2004 [ ] Primary [X] General [ ] Other (specify)

Transaction ID: 0625200426E1569
Date of Disbursement: 06 / 23 / 2004

Amount of Each Disbursement this Period: 2000.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

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24020472273

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Shea Hughes

Mailing Address 604 Vanderbeker Road

City: Temple Terrace State: FL Zip Code: 33617-

Purpose of Disbursement
Refund of Contribution

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2004 [ ] Primary [X] General [ ] Other (specify)

Transaction ID: 0625200426E1577
Date of Disbursement: 03 / 23 / 2004

Amount of Each Disbursement this Period: 2000.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
William J. Kardash

Mailing Address 208 Wild Oak Dr

City: Brandon State: FL Zip Code: 33511-

Purpose of Disbursement
Refund of Contribution

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2004 [ ] Primary [X] General [ ] Other (specify)

Transaction ID: 0629200452E1608
Date of Disbursement: 03 / 28 / 2004

Amount of Each Disbursement this Period: 2000.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Belinda Keiser

Mailing Address 5997 N W 63rd Way

City: Parkland State: FL Zip Code: 33067-

Purpose of Disbursement
Refund of Contribution

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2004 [ ] Primary [X] General [ ] Other (specify)

Transaction ID: 0629200452E1633
Date of Disbursement: 03 / 29 / 2004

Amount of Each Disbursement this Period: 1000.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

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24020472274
24020472274

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
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[X] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Robert J. Meddaton

Mailing Address 903 Mariner Way

City: Tampa State: FL Zip Code: 33602-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2004 [ ] Primary [X] General [ ] Other (specify)

Transaction ID: 0629200452E1632
Date of Disbursement: 06 / 29 / 2004

Amount of Each Disbursement this Period: 2000.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Amy F. Marshall

Mailing Address 2402 Country Club Dr.

City: Lynn Haven State: FL Zip Code: 32444-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2004 [ ] Primary [X] General [ ] Other (specify)

Transaction ID: 0625200426E1581
Date of Disbursement: 06 / 23 / 2004

Amount of Each Disbursement this Period: 2000.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Matt Marshall

Mailing Address 2402 Country Club Dr.

City: Lynn Haven State: FL Zip Code: 32444-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2004 [ ] Primary [X] General [ ] Other (specify)

Transaction ID: 0625200426E1580
Date of Disbursement: 06 / 23 / 2004

Amount of Each Disbursement this Period: 2000.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

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24020472275
24020472275

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Marjorie Masek
Mailing Address 3108 Bruton Road
City: Plant City State: FL Zip Code: 33565-
Purpose of Disbursement: Refund of Contribution
Candidate Name
Category/Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)
Transaction ID: 0629200452E1597
Date of Disbursement: 06 / 25 / 2004
Amount of Each Disbursement this Period: 2000.00
☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Charles A. Masek, Jr.
Mailing Address 3108 Bruton Road
City: Plant City State: FL Zip Code: 33565-
Purpose of Disbursement: Refund of Contribution
Candidate Name
Category/Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)
Transaction ID: 0629200452E1598
Date of Disbursement: 06 / 25 / 2004
Amount of Each Disbursement this Period: 2000.00
☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Joel Meyerson
Mailing Address 6381 Allison Rd
City: Miami Beach State: FL Zip Code: 33141-
Purpose of Disbursement: Refund of Contribution
Candidate Name
Category/Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)
Transaction ID: 0629200452E1629
Date of Disbursement: 06 / 25 / 2004
Amount of Each Disbursement this Period: 2000.00
☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

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

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24020472276

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
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☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Louis Meyerson

Mailing Address 3701 N Country Club Dr Apt # 2206

City: N Miami Beach | State: FL | Zip Code: 33180-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0629200452E1627
Date of Disbursement: 06 / 28 / 2004

Amount of Each Disbursement this Period: 2000.00

☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Sylvia Meyerson

Mailing Address 3701 N Country Club Dr Apt # 2206

City: N Miami Beach | State: FL | Zip Code: 33180-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0629200452E1630
Date of Disbursement: 06 / 28 / 2004

Amount of Each Disbursement this Period: 2000.00

☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
J. Patrick Michaels, Jr.

Mailing Address 101 E. Kennedy Blvd., Ste. 3300

City: Tampa | State: FL | Zip Code: 33602-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0625200426E1565
Date of Disbursement: 06 / 23 / 2004

Amount of Each Disbursement this Period: 2000.00

☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Frederick V. Miller, MD, MHA, MBA

Mailing Address 12709 NW15th St.

City: Coral Springs State: FL Zip Code: 33071-

Purpose of Disbursement
Refund of Contribution

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0625200426E1557
Date of Disbursement: 06 / 23 / 2004

Amount of Each Disbursement this Period: 2000.00

☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

Mailing Address 3911 Obispo St

City: Tampa State: FL Zip Code: 33629-

Purpose of Disbursement
Refund of Contribution

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0625200426E1576
Date of Disbursement: 06 / 23 / 2004

Amount of Each Disbursement this Period: 2000.00

☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Lee F. Pallardy, III

Mailing Address 609 E. Jackson St.

City: Tampa State: FL Zip Code: 33602-

Purpose of Disbursement
Refund of Contribution

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0629200452E1613
Date of Disbursement: 06 / 28 / 2004

Amount of Each Disbursement this Period: 2000.00

☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

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

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24020472278

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[ ] 17 [ ] 18 [ ] 19a [ ] 19b
[X] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Craig P. Parrino

Mailing Address 17201 Karis Court

City: Tampa State: FL Zip Code: 33647-

Purpose of Disbursement
Refund of Contribution

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2004 [ ] Primary [X] General [ ] Other (specify)

Transaction ID: 0629200452E1612
Date of Disbursement: 06 / 28 / 2004

Amount of Each Disbursement this Period: 2000.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
John P. Redding

Mailing Address 6 Sleepy Hollow Rd

City: Guilford State: CT Zip Code: 06437-

Purpose of Disbursement
Refund of Contribution

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2004 [ ] Primary [X] General [ ] Other (specify)

Transaction ID: 0625200426E1587
Date of Disbursement: 06 / 28 / 2004

Amount of Each Disbursement this Period: 2000.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Charles K. Robb

Mailing Address 501 Riviera Dr

City: Tampa State: FL Zip Code: 33606-

Purpose of Disbursement
Refund of Contribution

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2004 [ ] Primary [X] General [ ] Other (specify)

Transaction ID: 0629200452E1609
Date of Disbursement: 06 / 28 / 2004

Amount of Each Disbursement this Period: 2000.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[ ] 17 [ ] 18 [ ] 19a [ ] 19b
[X] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Emily Robinson

Mailing Address 2869 Hammock Dr

City: Plant City State: FL Zip Code: 33563-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2004 [ ] Primary [X] General [ ] Other (specify)

Transaction ID: 0629200452E1599
Date of Disbursement: 06 / 25 / 2004

Amount of Each Disbursement this Period: 2000.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Hugh C. Robinson, III

Mailing Address 2869 Hammock Dr

City: Plant City State: FL Zip Code: 33563-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2004 [ ] Primary [X] General [ ] Other (specify)

Transaction ID: 0629200452E1600
Date of Disbursement: 06 / 25 / 2004

Amount of Each Disbursement this Period: 2000.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Michael S. Ryan

Mailing Address 13663 Blue Fox PL

City: Palm Beach Gardens State: FL Zip Code: 33418-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2004 [ ] Primary [X] General [ ] Other (specify)

Transaction ID: 0629200452E1611
Date of Disbursement: 06 / 26 / 2004

Amount of Each Disbursement this Period: 2000.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

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

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
- [ ] 17
- [ ] 18
- [ ] 19a
- [ ] 19b
- [x] 20a
- [ ] 20b
- [ ] 20c
- [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
William J. Shively

Mailing Address 608 SW 97th Terrace

City: Gainesville | State: FL | Zip Code: 32607-

Purpose of Disbursement
Refund of Contribution

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2004
[ ] Primary [x] General
[ ] Other (specify)

Transaction ID: 0625200426E1551
Date of Disbursement: 06 / 23 / 2004

Amount of Each Disbursement this Period: 2000.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
David Spencer

Mailing Address PO Box 27573

City: Panama City Beach | State: FL | Zip Code: 32411-

Purpose of Disbursement
Refund of Contribution

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2004
[ ] Primary [x] General
[ ] Other (specify)

Transaction ID: 0625200426E1560
Date of Disbursement: 06 / 23 / 2004

Amount of Each Disbursement this Period: 2000.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
John D. Stanton

Mailing Address 1107 Arevalo

City: Tampa | State: FL | Zip Code: 33623-

Purpose of Disbursement
Refund of Contribution

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2004
[ ] Primary [x] General
[ ] Other (specify)

Transaction ID: 0625200426E1575
Date of Disbursement: 05 / 23 / 2004

Amount of Each Disbursement this Period: 2000.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[ ] 17 [ ] 18 [ ] 19a [ ] 19b
[X] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A.
Full Name (Last, First, Middle Initial)
Ann H. Trinkle
Mailing Address 711 Pinedale Dr.
City: Plant City State: FL Zip Code: 33566-
Purpose of Disbursement: Refund of Contribution
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2004 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: 0629200452E1596
Date of Disbursement: 05 / 25 / 2004
Amount of Each Disbursement this Period: 2000.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Robert S. Trinkle
Mailing Address P.O. Drawer TT
City: Plant City State: FL Zip Code: 33564-
Purpose of Disbursement: Refund of Contribution
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2004 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: 0629200452E1595
Date of Disbursement: 05 / 25 / 2004
Amount of Each Disbursement this Period: 2000.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Sven D. Uellendahl
Mailing Address 19730 Grand View Ter.
City: Jupiter State: FL Zip Code: 33458-
Purpose of Disbursement: Refund of Contribution
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2004 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: 0511200445E1324
Date of Disbursement: 05 / 05 / 2004
Amount of Each Disbursement this Period: 1000.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

PAGE 279 / 282

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NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial)
Sylvia Urlich

Mailing Address 2500 SW 75 Ave

City: Miami | State: FL | Zip Code: 33155-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0629200452E1631
Date of Disbursement: 06 / 28 / 2004

Amount of Each Disbursement this Period: 2000.00

☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Scott D. Walls

Mailing Address 696 Oak Hollow Way

City: Altamonte Springs | State: FL | Zip Code: 32714-

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0629200452E1604
Date of Disbursement: 06 / 25 / 2004

Amount of Each Disbursement this Period: 2000.00

☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Joseph Zeppale

Mailing Address 7227 Clint Moore Rd.

City: Boca Raton | State: FL | Zip Code: 33496-1402

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 0629200452E1605
Date of Disbursement: 06 / 25 / 2004

Amount of Each Disbursement this Period: 2000.00

☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

TOTAL This Period (last page this line number only) ▶ 107000.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one) [ ] 9 [X] 10

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Advantage, Inc.

Nature of Debt (Purpose):
Voter Research

Mailing Address 1611 N. Kent Street, Suite 905

City: Arlington State: VA ZIP Code: 22209-

Transaction ID: LS0421200446E1142

Outstanding Balance Beginning This Period: 5000.00

Amount Incurred This Period: 0.00

Payment This Period: 5000.00

Outstanding Balance at Close of This Period: 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Nextel Communication

Nature of Debt (Purpose):
Telephones

Mailing Address P.O. Box 17990

City: Denver State: CO ZIP Code: 80217-0990

Transaction ID: LS0421200446E1056

Outstanding Balance Beginning This Period: 927.03

Amount Incurred This Period: 932.93

Payment This Period: 927.03

Outstanding Balance at Close of This Period: 932.93

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Aristotle Intl, Inc

Nature of Debt (Purpose):
Campaign Software

Mailing Address 2285 Peachtree Rd., NE, Suite 210

City: Atlanta State: GA ZIP Code: 30309-

Transaction ID: LS0421200446E1053

Outstanding Balance Beginning This Period: 2400.00

Amount Incurred This Period: 2400.00

Payment This Period: 2400.00

Outstanding Balance at Close of This Period: 2400.00

1) **SUBTOTALS** This Period This Page (optional)	3332.93
2) **TOTALS** This Period (last page this line number only)	
3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only)	
4) **ADD** 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

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FOR LINE NUMBER: (check only one) [ ] 9 [X] 10

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Walden Lake Realty, Inc.

Nature of Debt (Purpose):
Office Rent

Mailing Address 1607 S. Alexander St., Ste 102

City: Plant City State: FL ZIP Code: 33563-

Outstanding Balance Beginning This Period: 918.00

Transaction ID: LS0421200446E1083

Amount Incurred This Period: 0.00

Payment This Period: 918.00

Outstanding Balance at Close of This Period: 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Verizon Florida, Inc

Nature of Debt (Purpose):
Telephones

Mailing Address P.O. Box 920041

City: Dallas State: TX ZIP Code: 75392-

Outstanding Balance Beginning This Period: 1036.24

Transaction ID: LS0421200446E1080

Amount Incurred This Period: 900.20

Payment This Period: 1036.24

Outstanding Balance at Close of This Period: 900.20

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Red Sea, LLC

Nature of Debt (Purpose):
Media Consulting/Production

Mailing Address 1111 19th St. NW, Suite 211

City: Washington State: DC ZIP Code: 20036-

Outstanding Balance Beginning This Period: 15000.00

Transaction ID: LS0421200446E1146

Amount Incurred This Period: 13841.20

Payment This Period: 15000.00

Outstanding Balance at Close of This Period: 13841.20

1) **SUBTOTALS** This Period This Page (optional) ▶ 14741.40

2) **TOTALS** This Period (last page this line number only) ▶

3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only) ▶

4) **ADD** 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

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SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)
- [ ] 9
- [x] 10

NAME OF COMMITTEE (In Full)
Friends of Johnnie Byrd

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Foley & Lardner, LLP

Nature of Debt (Purpose):
Political/Legal Consulting

Mailing Address 3000 K Street, N.W.

City: Washington | State: DC | ZIP Code: 20007-5101

Transaction ID: LS0708200422E1721

Outstanding Balance Beginning This Period		
0.00		
Amount Incurred This Period	**Payment This Period**	**Outstanding Balance at Close of This Period**
1295.30	0.00	1295.30

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Excel Printing Center

Nature of Debt (Purpose):
Printing

Mailing Address 1102 S. Collins St.

City: Plant City | State: FL | ZIP Code: 33563-

Transaction ID: LS0421200446E1056

Outstanding Balance Beginning This Period		
1645.23		
Amount Incurred This Period	**Payment This Period**	**Outstanding Balance at Close of This Period**
0.00	1645.23	0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Florida Insurance Center Inc

Nature of Debt (Purpose):
Insurance

Mailing Address 414 N. Alexander St.

City: Plant City | State: FL | ZIP Code: 33563-

Transaction ID: LS0421200446E1057

Outstanding Balance Beginning This Period		
601.60		
Amount Incurred This Period	**Payment This Period**	**Outstanding Balance at Close of This Period**
0.00	601.60	0.00

1) **SUBTOTALS** This Period This Page (optional) ▶	1295.30
2) **TOTALS** This Period (last page this line number only) ▶	19369.63
3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only) ▶	
4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶	

24020472286
24020472286

EMILY J. REYNOLDS
SECRETARY

PAMELA B. GRAYN
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7715
PHONE: (202) 224-0022

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

_____ **HAND DELIVERED** _____
Date of Receipt

_____ **REGISTERED/CERTIFIED MAIL** _____
Postmarked

✓ **RECEIVED FROM THE FEDERAL ELECTION COMMISSION** 07-16-04
Date of Receipt

DELIVERY CONFIRMATION/ON LINE TRACKING SYSTEM
_____ **PRIORITY MAIL /WITH CONFIRMATION SHEET**
_____ **EXPRESS MAIL**
_____ **FEDERAL EXPRESS**
_____ **UPS**
_____ **AIRBORNE EXPRESS** _____
Postmark

_____ **PRIORITY MAIL (NO CONFIRMATION)** _____
Date of Receipt

_____ **FIRST CLASS MAIL** _____
Date of Receipt

_____ **FAX** _____
Date of Receipt

_____ **NO POSTMARK** _____ **POSTMARK ILLEGIBLE**

_____ **OTHER** _____
Date of Receipt

RD — 07-16-04
Preparer — **Date Prepared**

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24020472287