

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 Bill Posey

ADDRESS (number and street) P, O, Box 360877

Check if different than previously reported. (ACC)

Melbourne FL 32936

2. **FEC IDENTIFICATION NUMBER** C00444968

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

CITY STATE ZIP CODE STATE DISTRICT

FL 15

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 01 01 2010 through 03 31 2010

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 Nancy H. Watkins

Signature of Treasurer Electronically Filed by Nancy H. Watkins Date 04 15 2010

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

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Friends of Bill Posey

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	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)).....	158808.50	760436.18
(b) Total Contribution Refunds (from Line 20(d)).....	144.05	169.05
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	158664.45	760267.13
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	111084.97	451981.92
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	4672.36
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	111084.97	447309.56
8. Cash on Hand at Close of Reporting Period (from Line 27).....	374144.37	
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).....	2750.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
Friends of Bill Posey

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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	57299.43	321786.23
(i) Itemized (use Schedule A).....	48883.26	100675.70
(ii) Unitemized.....	106182.69	422461.93
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	52625.81	337974.25
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	158808.50	760436.18
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))		
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	11.91
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.).....	0.00	4672.36
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	257.01	459.40
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	159065.51	765579.85

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

4 / 107

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	111084.97	451981.92
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	12.01
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.....	25.00	50.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	119.05	119.05
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	144.05	169.05
21. OTHER DISBURSEMENTS.....	0.00	20000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	111229.02	472162.98

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	326307.88
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	159065.51
25. SUBTOTAL (add Line 23 and Line 24).....	485373.39
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	111229.02
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	374144.37

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 107
(check only one)
 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 Bill Posey

A. Full Name (Last, First, Middle Initial)
Rajia Ackley
Mailing Address 1503 Sunset Pointe Place
City State Zip Code
Kissimmee FL 34744
FEC ID number of contributing federal political committee. **C**
Name of Employer Coldwell Banker Occupation real estate agent
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2010
Transaction ID: C-16-01Af01
Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Edward A. Andre
Mailing Address 3800 N. Riverside Drive
City State Zip Code
Indialantic FL 32903
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation consultant
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2400.00
Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2010
Transaction ID: C-96-00Rz02
Amount of Each Receipt this Period
2400.00

C. Full Name (Last, First, Middle Initial)
Carol R. Ashwell
Mailing Address 293 Albacore Place
City State Zip Code
Melbourne Beach FL 32951
FEC ID number of contributing federal political committee. **C**
Name of Employer United Space Alliance Occupation human resource director
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt
M M / D D / Y Y Y Y
02 / 25 / 2010
Transaction ID: C-127-00tG01
Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **3150.00**
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 6 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Milagros Badolato

Mailing Address 247 Lansing Island Drive

City State Zip Code
Indian Harbour Bea FL 32937

FEC ID number of contributing federal political committee. C

Name of Employer Perfections Medispa Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 01 / 23 / 2010
Transaction ID: C-142-00qA01

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Bob E. Barrett

Mailing Address 1194 Winding Meadows Road

City State Zip Code
Rockledge FL 32955

FEC ID number of contributing federal political committee. C

Name of Employer n/a Occupation retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 03 / 01 / 2010
Transaction ID: C-206-00Md06

Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Thomas M. Barry

Mailing Address 1415 Patriot Drive

City State Zip Code
Viera FL 32940

FEC ID number of contributing federal political committee. C

Name of Employer n/a Occupation retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 02 / 22 / 2010
Transaction ID: C-212-00Ez05

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) 700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 107
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Edward W. Beauchamp

Mailing Address 720 S. Brevard Avenue, #315

City State Zip Code
Cocoa Beach FL 32931

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

Name of Employer n/a Occupation retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 15 / 2010

Transaction ID: C-249-00Ao05

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Patrick Biddix

Mailing Address 1675 S. Fiske Blvd., #A-101

City State Zip Code
Rockledge FL 32955

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

Name of Employer Melbourne Greyhound Occupation manager

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 23 / 2010

Transaction ID: C-298-000y02

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Brenda D. Bronson

Mailing Address 1620 S. Lyndell Drive

City State Zip Code
Kissimmee FL 34741

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

Name of Employer n/a Occupation homemaker

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2010

Transaction ID: C-403-003F02

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1600.00

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 8 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Irlo O. Bronson

Mailing Address 1620 S. Lyndell Drive

City State Zip Code
Kissimmee FL 34741

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

Name of Employer: Bronson Partnership Occupation: managing partner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 03 / 27 / 2010
Transaction ID: C-404-003E02
 Amount of Each Receipt this Period: 2400.00

Amount of Each Receipt this Period: 2400.00

B. Full Name (Last, First, Middle Initial)
Edward M. Browne

Mailing Address 1953 Independence Avenue

City State Zip Code
Melbourne FL 32940

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

Name of Employer: n/a Occupation: retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 01 / 23 / 2010
Transaction ID: C-434-00g802
 Amount of Each Receipt this Period: 250.00

Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Ann Marie Brush

Mailing Address 580 Willowgreen Lane

City State Zip Code
Titusville FL 32780

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

Name of Employer: n/a Occupation: retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 02 / 01 / 2010
Transaction ID: C-439-00Xv02
 Amount of Each Receipt this Period: 100.00

Amount of Each Receipt this Period: 100.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Donald W. Bullen

Mailing Address 1456 Goldrush Avenue

City State Zip Code
Melbourne FL 32940

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

Name of Employer n/a Occupation retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1300.00

Date of Receipt

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

Transaction ID: C-464-009E0D

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Donald W. Bullen

Mailing Address 1456 Goldrush Avenue

City State Zip Code
Melbourne FL 32940

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

Name of Employer n/a Occupation retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1300.00

Date of Receipt

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

Transaction ID: C-465-009E0E

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Donald W. Bullen

Mailing Address 1456 Goldrush Avenue

City State Zip Code
Melbourne FL 32940

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

Name of Employer n/a Occupation retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1300.00

Date of Receipt

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

Transaction ID: C-466-009E0F

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **300.00**

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 10 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Robert Remi Chaffiot

Mailing Address 1802 Fiske Blvd., #101

City State Zip Code
Rockledge FL 32955

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

Name of Employer Remi Properties Occupation property investments

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

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

Transaction ID: C-564-005R06

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
Robert Remi Chaffiot

Mailing Address 1802 Fiske Blvd., #101

City State Zip Code
Rockledge FL 32955

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

Name of Employer Remi Properties Occupation property investments

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

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

Transaction ID: C-565-005R07

Amount of Each Receipt this Period
600.00

C. Full Name (Last, First, Middle Initial)
Frank M. Childers

Mailing Address 420 Moore Park Lane, #102

City State Zip Code
Merritt Island FL 32952

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

Name of Employer n/a Occupation retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: C-587-007T04

Amount of Each Receipt this Period
250.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
John R. D. Cleland

Mailing Address 1340 Democracy Avenue

City State Zip Code
Melbourne FL 32940

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

Name of Employer n/a Occupation retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Transaction ID: C-620-00OT02

Amount of Each Receipt this Period
250.00

250.00

B. Full Name (Last, First, Middle Initial)
Karol A. Clifton

Mailing Address 102 Riverside Drive, #706

City State Zip Code
Cocoa FL 32922

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

Name of Employer n/a Occupation retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Transaction ID: C-627-005n03

Amount of Each Receipt this Period
500.00

1000.00

C. Full Name (Last, First, Middle Initial)
Ronald Cobb

Mailing Address 450 Ross Avenue

City State Zip Code
Melbourne Beach FL 32951

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

Name of Employer Soneticom Occupation vice-president

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Transaction ID: C-632-00qB01

Amount of Each Receipt this Period
250.00

250.00

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)
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FOR LINE NUMBER: PAGE 12 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Robert L. Cochran
Mailing Address P. O. Box 33082
City Indialantic State FL Zip Code 32903
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation land developer
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 03 / 24 / 2010
Transaction ID: C-635-019D01
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
David A. Cohen
Mailing Address 6325 Capstar Court
City Rockledge State FL Zip Code 32955
FEC ID number of contributing federal political committee. **C**
Name of Employer Merrill Lynch Occupation financial advisor
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 03 / 10 / 2010
Transaction ID: C-636-00x301
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Mary Ann Conrado
Mailing Address 1001 Admirals Walk
City Vero Beach State FL Zip Code 32963
FEC ID number of contributing federal political committee. **C**
Name of Employer McDonald's Occupation owner
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1300.00
Date of Receipt 03 / 12 / 2010
Transaction ID: C-664-00M303
Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► 1300.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Thomas M. Cotton

Mailing Address 1107 Aruba Drive

City Orlando State FL Zip Code 32806

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

Name of Employer Hugh Cotton Insurance Occupation owner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 29 / 2010
Transaction ID: C-695-00Ha02
 Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Terrence A. Cronin

Mailing Address 1399 S. Hamlin City Blvd.

City Melbourne State FL Zip Code 32901

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

Name of Employer self-employed Occupation physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 01 / 23 / 2010
Transaction ID: C-735-00qF01
 Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Gene H. Davis

Mailing Address 851 Peregrine Drive

City Indialantic State FL Zip Code 32903

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

Name of Employer self-employed Occupation author

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 03 / 11 / 2010
Transaction ID: C-789-00Vc02
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 1600.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Larry Davis

Mailing Address 525 Young Street

City State Zip Code
Melbourne FL 32935

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

Name of Employer n/a Occupation retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: C-793-00qC01

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
R. Bruce Deardoff

Mailing Address 1850 E. Merritt Island Causeway

City State Zip Code
Merritt Island FL 32952

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

Name of Employer Deardoff Automotive Group Occupation auto dealer

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

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

Transaction ID: C-813-00MA03

Amount of Each Receipt this Period
2400.00

C. Full Name (Last, First, Middle Initial)
Lindsey M. Deaton

Mailing Address 486 Falmouth Avenue

City State Zip Code
Merritt Island FL 32952

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

Name of Employer KLD Youth Foundation Occupation registrar

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: C-814-00qE01

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **3150.00**

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 15 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Dale A. Dettmer
 Mailing Address 8065 S. Tropical Trail
 City State Zip Code
 Merritt Island FL 32952
 Date of Receipt
 MM / DD / YYYY
 03 / 08 / 2010
 Transaction ID: C-843-00w901
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Krasny and Dettmer attorney
 Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify)
 500.00

B. Full Name (Last, First, Middle Initial)
Ana J. Deukmedjian
 Mailing Address 8043 Spyglass Hill Road, #101
 City State Zip Code
 Melbourne FL 32940
 Date of Receipt
 MM / DD / YYYY
 02 / 01 / 2010
 Transaction ID: C-845-00qQ01
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Millennium Medical Management physician
 Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify)
 500.00

C. Full Name (Last, First, Middle Initial)
Melissa A. Dietel
 Mailing Address 2091 Temple Drive
 City State Zip Code
 Winter Park FL 32789
 Date of Receipt
 MM / DD / YYYY
 01 / 05 / 2010
 Transaction ID: C-869-00JF07
 Amount of Each Receipt this Period
 50.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Puff n' Stuff Catering marketing
 Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify)
 300.00

SUBTOTAL of Receipts This Page (optional) ► **1050.00**
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 16 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A.

Full Name (Last, First, Middle Initial)
Melissa A. Dietel

Mailing Address 2091 Temple Drive

City State Zip Code
Winter Park FL 32789

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

Name of Employer Occupation
Puff n' Stuff Catering marketing

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

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

Transaction ID: C-870-00JF08

Amount of Each Receipt this Period
50.00

300.00

B.

Full Name (Last, First, Middle Initial)
Melissa A. Dietel

Mailing Address 2091 Temple Drive

City State Zip Code
Winter Park FL 32789

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

Name of Employer Occupation
Puff n' Stuff Catering marketing

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	5	/	2	0	1	0

Transaction ID: C-871-00JF09

Amount of Each Receipt this Period
50.00

300.00

C.

Full Name (Last, First, Middle Initial)
Trudy G. Dilling

Mailing Address 2136 Buena Vista Blvd.

City State Zip Code
Vero Beach FL 32960

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

Name of Employer Occupation
self-employed business consultant

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

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

Transaction ID: C-877-00i003

Amount of Each Receipt this Period
100.00

1100.00

SUBTOTAL of Receipts This Page (optional) ► **200.00**

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 17 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Bobbie L. Dyer

Mailing Address 866 Loggerhead Island Drive

City State Zip Code
Satellite Beach FL 32937

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

Name of Employer Occupation
Wells Fargo banker

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

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

Transaction ID: C-931-00qD01

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Albert Elebash

Mailing Address 200 Willard Street

City State Zip Code
Cocoa FL 32922

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

Name of Employer Occupation
self-employed real estate

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

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

Transaction ID: C-953-004b04

Amount of Each Receipt this Period
450.00

C. Full Name (Last, First, Middle Initial)
Marie Elebash

Mailing Address 115 N. Indian River Drive, #112

City State Zip Code
Cocoa FL 32922

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

Name of Employer Occupation
self-employed real estate

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

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

Transaction ID: C-955-00Vu02

Amount of Each Receipt this Period
125.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A.

Full Name (Last, First, Middle Initial)
William R. Ellis

Mailing Address 1823 Crane Creek Blvd.

City State Zip Code
Melbourne FL 32940

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

Name of Employer Health First Occupation v.p. of govt. relations

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: C-966-00VZ02

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Joann C. Eubank

Mailing Address 5409 Robles Lane

City State Zip Code
Rockledge FL 32955

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

Name of Employer n/a Occupation retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3900.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 1 0

Transaction ID: C-992-00Fc08

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
F. James Fanto

Mailing Address 698 Monterem Drive

City State Zip Code
Satellite Beach FL 32937

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

Name of Employer The Fanto Group Occupation executive

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

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

Transaction ID: C-1027-00UF02

Amount of Each Receipt this Period
1000.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 107
(check only one)
 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 Bill Posey

A. Full Name (Last, First, Middle Initial)
James E. Farney
Mailing Address 1510 Orchid Drive
City State Zip Code
Vero Beach FL 32963
FEC ID number of contributing federal political committee. **C**
Name of Employer n/a Occupation retired
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt: 02 / 03 / 2010
Transaction ID: C-1031-00qP01
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
George M. Fayer
Mailing Address 66 Hilltop Lane
City State Zip Code
Rockledge FL 32955
FEC ID number of contributing federal political committee. **C**
Name of Employer Wuesthoff Health Systems Occupation executive
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt: 02 / 11 / 2010
Transaction ID: C-1034-00G802
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Constance L. Feldman
Mailing Address 3003 Bellwind Circle
City State Zip Code
Rockledge FL 32955
FEC ID number of contributing federal political committee. **C**
Name of Employer n/a Occupation homemaker
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt: 02 / 18 / 2010
Transaction ID: C-1041-00r001
Amount of Each Receipt this Period: 250.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 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 Bill Posey

A.

Full Name (Last, First, Middle Initial) Henry A. Fischer		Date of Receipt <table border="1" style="font-size: small; text-align: center;"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	5		2	0	1	0													
Mailing Address P. O. Box 780068		Transaction ID: C-1061-002705																				
City Sebastian	State FL	Zip Code 32978																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"><tr><td>100.00</td></tr></table>	100.00																			
100.00																						
Name of Employer self-employed	Occupation dentist																					
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"><tr><td>1600.00</td></tr></table>	1600.00																				
1600.00																						

B.

Full Name (Last, First, Middle Initial) Joseph M. Flammio		Date of Receipt <table border="1" style="font-size: small; text-align: center;"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		2	3		2	0	1	0													
Mailing Address 2815 Turtle mound Road		Transaction ID: C-1069-00mR02																				
City Melbourne	State FL	Zip Code 32934																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"><tr><td>100.00</td></tr></table>	100.00																			
100.00																						
Name of Employer A. G. Edwards, Inc.	Occupation financial services																					
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"><tr><td>300.00</td></tr></table>	300.00																				
300.00																						

C.

Full Name (Last, First, Middle Initial) Barbara Fratianni		Date of Receipt <table border="1" style="font-size: small; text-align: center;"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		2	3		2	0	1	0													
Mailing Address 5 Haymont Terrace		Transaction ID: C-1101-00q801																				
City Briarcliff Manor	State NY	Zip Code 10510																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"><tr><td>500.00</td></tr></table>	500.00																			
500.00																						
Name of Employer NYS Transit Authority	Occupation attorney																					
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"><tr><td>500.00</td></tr></table>	500.00																				
500.00																						

SUBTOTAL of Receipts This Page (optional)	<table border="1" style="width: 100%; text-align: center;"><tr><td>700.00</td></tr></table>	700.00
700.00		
TOTAL This Period (last page this line number only)	<table border="1" style="width: 100%; height: 20px;"></table>	

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

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

FOR LINE NUMBER: PAGE 21 / 107

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A.

Full Name (Last, First, Middle Initial)
Dan Gans

Mailing Address 330 Maryland Avenue, N.E., #B

City State Zip Code
Washington DC 20002

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

Name of Employer Occupation
Polaris Government Relations gov. relations

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 348.43

Date of Receipt

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

Transaction ID: C-1146-00uk01

Amount of Each Receipt this Period

348.43

food & beverage

B.

Full Name (Last, First, Middle Initial)
Manuel J. Garcia

Mailing Address 942 Brunswick Lane

City State Zip Code
Rockledge FL 32955

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

Name of Employer Occupation
n/a retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: C-1151-00HC05

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
Lawrence F. Garrison

Mailing Address 1155 S. Atlantic Avenue, #402

City State Zip Code
Cocoa Beach FL 32931

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

Name of Employer Occupation
Cape Canaveral Hospital hospital administration

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: C-1161-001502

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

948.43

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 22 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

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

Mailing Address 46 Grace Lane

City Ossining State NY Zip Code 10562

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

Name of Employer Grace Lane Kennels Occupation owner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 01 / 23 / 2010
Transaction ID: C-1168-00mQ02
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Fred D. Gay

Mailing Address 1390 Walton Health Court

City Rockledge State FL Zip Code 32955

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

Name of Employer Quality Buick, GMC Occupation auto dealer

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 01 / 23 / 2010
Transaction ID: C-1174-000q02
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Robert P. Geimer

Mailing Address 2882 Observation Point, N.W.

City Marietta State GA Zip Code 30064

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 03 / 27 / 2010
Transaction ID: C-1180-01A501
Amount of Each Receipt this Period 250.00

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: PAGE 23 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
George R. Geletko

Mailing Address 507 Lake Victoria Circle

City Melbourne State FL Zip Code 32940

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

Name of Employer Waste Management Occupation executive

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt 02 / 23 / 2010
Transaction ID: C-1183-00MJ03
 Amount of Each Receipt this Period 150.00

B. Full Name (Last, First, Middle Initial)
Coleman Goatley

Mailing Address P. O. Box 110001

City Palm Bay State FL Zip Code 32911

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

Name of Employer Bayside Lakes Development Corp. Occupation real estate development

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1325.00

Date of Receipt 02 / 18 / 2010
Transaction ID: C-1222-00VS03
 Amount of Each Receipt this Period 125.00

C. Full Name (Last, First, Middle Initial)
Jane C. Goatley

Mailing Address P. O. Box 110001

City Palm Bay State FL Zip Code 32911

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

Name of Employer n/a Occupation homemaker

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1125.00

Date of Receipt 02 / 18 / 2010
Transaction ID: C-1224-00mU02
 Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional) ► 400.00

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 24 / 107

(check only one)

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 Bill Posey

A.

Full Name (Last, First, Middle Initial)
David E. Greenhill

Mailing Address 1907 U.S. Highway A1A, #102

City State Zip Code
Indian Harbour Bea FL 32937

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

Name of Employer
Satcom Direct Communicati-
ons

Occupation
president

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2550.00

Date of Receipt

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

Transaction ID: C-1272-00su01

Amount of Each Receipt this Period

2400.00

B.

Full Name (Last, First, Middle Initial)
David E. Greenhill

Mailing Address 1907 U.S. Highway A1A, #102

City State Zip Code
Indian Harbour Bea FL 32937

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

Name of Employer
Satcom Direct Communicati-
ons

Occupation
president

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2550.00

Date of Receipt

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

Transaction ID: C-1273-00su02

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)
Myra K. Haley

Mailing Address 154 Lansing Island Drive

City State Zip Code
Indian Harbour Bea FL 32937

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

Name of Employer
The Suntree Partners

Occupation
realtors

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: C-1306-00q601

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

3050.00

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 25 / 107
(check only one)
 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 Bill Posey

A. Full Name (Last, First, Middle Initial)
Carol W. Hawk
Mailing Address 1774 Skyline Lane
City Sebastian State FL Zip Code 32958
FEC ID number of contributing federal political committee. **C**
Name of Employer Realtor's Assoc. of Indian River Occupation c.e.o.
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00
Date of Receipt 02 / 11 / 2010
Transaction ID: C-1371-002W04
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Barbara Hefflebower
Mailing Address 850 66th Avenue
City Vero Beach State FL Zip Code 32966
FEC ID number of contributing federal political committee. **C**
Name of Employer Harbor Town Marina Occupation owner
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 03 / 04 / 2010
Transaction ID: C-1389-00Gj02
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Fritz Hess
Mailing Address 1905 Atlantic Street, #326
City Melbourne Beach State FL Zip Code 32951
FEC ID number of contributing federal political committee. **C**
Name of Employer n/a Occupation retired
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 236.00
Date of Receipt 01 / 21 / 2010
Transaction ID: C-1416-004805
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 850.00
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 26 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Fritz Hess

Mailing Address 1905 Atlantic Street, #326

City State Zip Code
Melbourne Beach FL 32951

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

Name of Employer n/a Occupation retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 236.00

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

Transaction ID: C-1417-004806

Amount of Each Receipt this Period
36.00

B. Full Name (Last, First, Middle Initial)
Calvin L. Holton

Mailing Address 1729 La Maderia Drive, S.W.

City State Zip Code
Palm Bay FL 32908

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

Name of Employer The Holton Group, LLC Occupation owner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: C-1458-00Ai03

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Carter W. Hopkins

Mailing Address P. O. Box 644396

City State Zip Code
Vero Beach FL 32964

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

Name of Employer self-employed Occupation investor

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: C-1472-017d01

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **786.00**

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 27 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Edward L. Houston

Mailing Address 1415 Indian River Drive

City State Zip Code
Cocoa FL 32922

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

Name of Employer Occupation
Crest Cleaners executive

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Transaction ID: C-1486-001302

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
James W. Jensen

Mailing Address P. O. Box 372667

City State Zip Code
Satellite Beach FL 32937

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

Name of Employer Occupation
Satcom Direct president/c.e.o.

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Transaction ID: C-1559-00P903

Amount of Each Receipt this Period
900.00

C. Full Name (Last, First, Middle Initial)
James W. Jensen

Mailing Address P. O. Box 372667

City State Zip Code
Satellite Beach FL 32937

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

Name of Employer Occupation
Satcom Direct president/c.e.o.

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Transaction ID: C-1560-00P904

Amount of Each Receipt this Period
100.00

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

FOR LINE NUMBER: PAGE 28 / 107
(check only one)
 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 Bill Posey

A. Full Name (Last, First, Middle Initial)
Linda Johnson-Pittman

Mailing Address 664 Hawksbill Island Drive

City State Zip Code
Satellite Beach FL 32937

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

Name of Employer Federal Airways & Airspace Occupation consultant

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 12 / 2010

Transaction ID: C-1580-015H01

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Jim Kelly

Mailing Address 510 Bay Drive

City State Zip Code
Vero Beach FL 32963

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

Name of Employer n/a Occupation retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 11 / 2010

Transaction ID: C-1639-00y201

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Stan Kirschner

Mailing Address 738 Loggerhead Island Drive

City State Zip Code
Satellite Beach FL 32937

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

Name of Employer Kessel Kirschner Real Estate Occupation realtor

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 21 / 2010

Transaction ID: C-1688-00q201

Amount of Each Receipt this Period
500.00

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

FOR LINE NUMBER: PAGE 29 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
James Lentz
Mailing Address 2355 Eldorado Court
City Saint Cloud State FL Zip Code 34771
FEC ID number of contributing federal political committee. **C**
Name of Employer Harmony Development Co. Occupation president
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General Other (specify) ▼
1000.00
Date of Receipt 03 / 27 / 2010
Transaction ID: C-1812-01A701
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
James E. Mack
Mailing Address 314 Cocoa Avenue
City Indialantic State FL Zip Code 32903
FEC ID number of contributing federal political committee. **C**
Name of Employer n/a Occupation retired
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General Other (specify) ▼
550.00
Date of Receipt 01 / 21 / 2010
Transaction ID: C-1906-00AJ05
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Frederick J. Martin
Mailing Address 1005 Newfound Harbor Drive
City Merritt Island State FL Zip Code 32952
FEC ID number of contributing federal political committee. **C**
Name of Employer United Space Alliance, LLC Occupation compliance specialist
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General Other (specify) ▼
1400.00
Date of Receipt 01 / 23 / 2010
Transaction ID: C-1953-00YA03
Amount of Each Receipt this Period 250.00

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

FOR LINE NUMBER: PAGE 30 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Robert C. Matthias

Mailing Address 700 W. Morse Blvd., #201

City State Zip Code
Winter Park FL 32789

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

Name of Employer Occupation
Matthias & Matthias attorney

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 03 / 2010

Transaction ID: C-1974-00un01

Amount of Each Receipt this Period
1000.00

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

Mailing Address 700 Clubhouse Way

City State Zip Code
Satellite Beach FL 32937

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

Name of Employer Occupation
Northrop Grumman Corporation sector vice-president

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1250.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2010

Transaction ID: C-2077-00lt02

Amount of Each Receipt this Period
250.00

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

Mailing Address P. O. Box 510666

City State Zip Code
Melbourne Beach FL 32951

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

Name of Employer Occupation
n/a retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2010

Transaction ID: C-2084-00q501

Amount of Each Receipt this Period
250.00

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

FOR LINE NUMBER: PAGE 31 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Beverly J. Mogensen
Mailing Address 940 Turtle Cove Lane, #103
City State Zip Code
Vero Beach FL 32963
FEC ID number of contributing federal political committee. **C**
Name of Employer n/a Occupation retired
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt
M M / D D / Y Y Y Y
03 / 11 / 2010
Transaction ID: C-2110-003Y03
Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dominick P. Montanaro
Mailing Address 465 Glenwood Avenue
City State Zip Code
Satellite Beach FL 32937
FEC ID number of contributing federal political committee. **C**
Name of Employer M & M Pools, Inc. Occupation owner
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00
Date of Receipt
M M / D D / Y Y Y Y
03 / 01 / 2010
Transaction ID: C-2120-00Ht04
Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Elizabeth Nance
Mailing Address 525 N. Harbor City Blvd.
City State Zip Code
Melbourne FL 32935
FEC ID number of contributing federal political committee. **C**
Name of Employer n/a Occupation homemaker
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt
M M / D D / Y Y Y Y
02 / 18 / 2010
Transaction ID: C-2182-00qb01
Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 850.00
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 32 / 107 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

<p>A. Full Name (Last, First, Middle Initial) James H. Nance</p> <p>Mailing Address 525 N. Harbor City Blvd.</p> <p>City State Zip Code Melbourne FL 32935</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Nance Cacciatorè attorney</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>1</td><td>8</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Transaction ID: C-2183-00qa01</p> <p>Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	1	8	/	2	0	1	0		500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	2	/	1	8	/	2	0	1	0														
	500.00																						

<p>B. Full Name (Last, First, Middle Initial) Douglas L. Nelson</p> <p>Mailing Address 894 Hamilton Avenue</p> <p>City State Zip Code Rockledge FL 32955</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation n/a retired</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Transaction ID: C-2219-00Re02</p> <p>Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>2400.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	2	3	/	2	0	1	0		2400.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	1	/	2	3	/	2	0	1	0														
	2400.00																						

<p>C. Full Name (Last, First, Middle Initial) Brock Nicholas</p> <p>Mailing Address 6 Old Tavern Road</p> <p>City State Zip Code Norwich CT 06360</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Transaction ID: C-2235-01A601</p> <p>Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>250.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	2	7	/	2	0	1	0		250.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3	/	2	7	/	2	0	1	0														
	250.00																						

<p>SUBTOTAL of Receipts This Page (optional)</p>	<table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">3150.00</td> </tr> </table>	3150.00	
3150.00			
<p>TOTAL This Period (last page this line number only)</p>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 80%;"></td> <td></td> </tr> </table>		

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

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

FOR LINE NUMBER: PAGE 33 / 107

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A.

Full Name (Last, First, Middle Initial)
Warren T. Olde

Mailing Address 1239 Silver Lake Drive

City State Zip Code
Melbourne FL 32940

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

Name of Employer Occupation
n/a retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 24 / 2010

Transaction ID: C-2280-004E03

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Bert E. Orcutt

Mailing Address 5301 Wingtip Court

City State Zip Code
Rockledge FL 32955

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

Name of Employer Occupation
n/a retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
02 / 25 / 2010

Transaction ID: C-2291-000i04

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Cynthia A. Ostalkiewicz

Mailing Address 10530 Down Lakeview Circle

City State Zip Code
Windermere FL 34786

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

Name of Employer Occupation
n/a homemaker

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
02 / 15 / 2010

Transaction ID: C-2295-00qZ01

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶

650.00

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 34 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Roger L. Parsons

Mailing Address 570 Temple Street

City State Zip Code
Satellite Beach FL 32937

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

Name of Employer self-employed Occupation insurance

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: C-2325-00id02

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Roy J. Pence

Mailing Address 370 Grande Bay Court

City State Zip Code
Melbourne Beach FL 32951

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

Name of Employer RJP Development Co. Occupation manager

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: C-2355-008h02

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Ila M. Pierson

Mailing Address 1399 Shadow Oaks Road

City State Zip Code
Kissimmee FL 34777

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

Name of Employer n/a Occupation retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	4	/	2	0	1	0

Transaction ID: C-2388-006B04

Amount of Each Receipt this Period
250.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Randall E. Poliner
Mailing Address 10270 S. Tropical Trail
City Merritt Island State FL Zip Code 32952
FEC ID number of contributing federal political committee. **C**
Name of Employer Antares Capital Corp. Occupation president
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 01 / 23 / 2010
Transaction ID: C-2404-001502
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
John H. Potomski
Mailing Address 3764 Turtle Mound Road
City Melbourne State FL Zip Code 32934
FEC ID number of contributing federal political committee. **C**
Name of Employer Osler Medical Occupation physician
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1500.00
Date of Receipt 02 / 11 / 2010
Transaction ID: C-2409-00Cn04
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Robert C. Puff
Mailing Address 731 Manatee Cove
City Vero Beach State FL Zip Code 32963
FEC ID number of contributing federal political committee. **C**
Name of Employer Sands Capital Management Occupation investments
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 03 / 12 / 2010
Transaction ID: C-2442-014501
Amount of Each Receipt this Period 250.00

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: PAGE 36 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Jo Quittschreiber

Mailing Address 2794 Kissimmee Bay Circle

City State Zip Code
Kissimmee FL 34744

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

Name of Employer n/a Occupation retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 465.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 27 / 2010

Transaction ID: C-2447-00F105

Amount of Each Receipt this Period
125.00

B. Full Name (Last, First, Middle Initial)
Jo Quittschreiber

Mailing Address 2794 Kissimmee Bay Circle

City State Zip Code
Kissimmee FL 34744

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

Name of Employer n/a Occupation retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 465.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 27 / 2010

Transaction ID: C-2448-00F106

Amount of Each Receipt this Period
290.00

C. Full Name (Last, First, Middle Initial)
Rene A. Robes

Mailing Address 1485 Rockledge Drive

City State Zip Code
Rockledge FL 32955

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

Name of Employer n/a Occupation retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 11 / 2010

Transaction ID: C-2532-00za01

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **715.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Jeffrey S. Sanders

Mailing Address 989 Sebastian Blvd.

City Sebastian State FL Zip Code 32958

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

Name of Employer Grand Legacy, LP Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 02 / 25 / 2010
Transaction ID: C-2626-00t001
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Tonya L. Sanders

Mailing Address 970 Roseland Road

City Sebastian State FL Zip Code 32958

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 02 / 25 / 2010
Transaction ID: C-2629-00t101
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
William P. Scully

Mailing Address 771 Manatee Cove

City Vero Beach State FL Zip Code 32963

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

Name of Employer n/a Occupation retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 23 / 2010
Transaction ID: C-2704-00Lu02
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Leah M. Selig

Mailing Address 1410 Sykes Creek Drive

City State Zip Code
Merritt Island FL 32953

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

Name of Employer Occupation
Space Coast Assoc. of Realtors c.e.o.

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 18 / 2010

Transaction ID: C-2720-002Q02

Amount of Each Receipt this Period
250.00

Election Cycle-to-Date Amount: 250.00

B. Full Name (Last, First, Middle Initial)
Ralph W. Sexton

Mailing Address P. O. Box 2187

City State Zip Code
Vero Beach FL 32961

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

Name of Employer Occupation
Sexton, Inc. cattleman

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 04 / 2010

Transaction ID: C-2728-003c09

Amount of Each Receipt this Period
400.00

Election Cycle-to-Date Amount: 3000.00

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

Mailing Address P. O. Box 2187

City State Zip Code
Vero Beach FL 32961

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

Name of Employer Occupation
Sexton, Inc. cattleman

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 04 / 2010

Transaction ID: C-2729-003c0A

Amount of Each Receipt this Period
600.00

Election Cycle-to-Date Amount: 3000.00

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: PAGE 39 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Janet H. Shaffer

Mailing Address 486 Falmouth Avenue

City Merritt Island State FL Zip Code 32952

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

Name of Employer KLD Youth Foundation Occupation c.e.o.

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 01 / 23 / 2010
Transaction ID: C-2736-00m202
 Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Bernard W. Simpkins

Mailing Address 110 S. Twin Lakes Drive

City Cocoa State FL Zip Code 32926

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

Name of Employer n/a Occupation retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 01 / 21 / 2010
Transaction ID: C-2779-001604
 Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Thomas F. Slater

Mailing Address 70 Oyster Cut

City Vero Beach State FL Zip Code 32963

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

Name of Employer n/a Occupation retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 29 / 2010
Transaction ID: C-2787-01AD01
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

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

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

FOR LINE NUMBER: PAGE 40 / 107
(check only one)
 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 Bill Posey

A. Full Name (Last, First, Middle Initial)
Herman. G. Chip Smith

Mailing Address 555 Avenue L, N.W.

City State Zip Code
Winter Haven FL 33881

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

Name of Employer self-employed Occupation
chiropractor

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2010

Transaction ID: C-2807-00PB02

Amount of Each Receipt this Period
1000.00

1000.00

B. Full Name (Last, First, Middle Initial)
Kevin B. Steele

Mailing Address 1135 Carrigan Blvd.

City State Zip Code
Merritt Island FL 32952

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

Name of Employer Bob Steele Chevrolet Occupation
auto dealer

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
01 / 21 / 2010

Transaction ID: C-2892-00H003

Amount of Each Receipt this Period
500.00

500.00

C. Full Name (Last, First, Middle Initial)
Velma J. Sterner

Mailing Address 328 Thomas Barbour Drive

City State Zip Code
Melbourne FL 32935

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

Name of Employer n/a Occupation
retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
01 / 21 / 2010

Transaction ID: C-2905-00Av02

Amount of Each Receipt this Period
250.00

250.00

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: PAGE 41 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Meredith M. Sutton

Mailing Address 340 Lanternback Island Drive

City State Zip Code
Satellite Beach FL 32937

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

Name of Employer self-employed Occupation developer

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

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

Transaction ID: C-2960-00Sm02

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Eric C. Svenson

Mailing Address 1206 Twin Oaks Court

City State Zip Code
Rockledge FL 32955

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

Name of Employer Occupation

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

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

Transaction ID: C-2962-014W01

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Barbara L. Thompson

Mailing Address 1815 Rockledge Drive

City State Zip Code
Rockledge FL 32955

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

Name of Employer n/a Occupation retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

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

Transaction ID: C-3008-00OW02

Amount of Each Receipt this Period
500.00

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

FOR LINE NUMBER: PAGE 42 / 107

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A.

Full Name (Last, First, Middle Initial)
Shad W. Tome

Mailing Address 8755 The Esplanade, #104

City State Zip Code
Orlando FL 32836

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

Name of Employer Occupation
Taylor Woodrow Home Builders president

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 27 / 2010

Transaction ID: C-3032-01A401

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Alfred H. Trafford

Mailing Address 305 Bevard Avenue

City State Zip Code
Cocoa FL 32922

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

Name of Employer Occupation
Trafford Realty Co. realtor

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
02 / 08 / 2010

Transaction ID: C-3038-002P04

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)
Francis T. Vincent

Mailing Address 145 Sago Palm Road

City State Zip Code
Vero Beach FL 32963

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

Name of Employer Occupation
n/a retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 10 / 2010

Transaction ID: C-3139-00wt01

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1650.00

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 43 / 107

(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A.

Full Name (Last, First, Middle Initial)
Mary Lou Watson

Mailing Address 8855 Sheridan Road

City State Zip Code
West Melbourne FL 32904

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

Name of Employer Occupation
n/a retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: C-3209-00EV04

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
G. Greeley Wells

Mailing Address 1630 43rd Avenue, E., #1422

City State Zip Code
Seattle WA 98112

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

Name of Employer Occupation
self-employed investor

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt

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

Transaction ID: C-3238-00uo01

Amount of Each Receipt this Period

2000.00

C.

Full Name (Last, First, Middle Initial)
Eli E. White

Mailing Address 724 Nicklaus Drive

City State Zip Code
Melbourne FL 32940

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

Name of Employer Occupation
self-employed dentist

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt

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

Transaction ID: C-3257-00F707

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2350.00

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 44 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Eli E. White

Mailing Address 724 Nicklaus Drive

City State Zip Code
Melbourne FL 32940

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

Name of Employer self-employed Occupation
dentist

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

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

Transaction ID: C-3258-00F708

Amount of Each Receipt this Period
150.00

750.00

B. Full Name (Last, First, Middle Initial)
Michael H. Williams

Mailing Address 112 Lansing Island Drive

City State Zip Code
Indian Harbour Bea FL 32937

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

Name of Employer MH Williams Construction Occupation
president

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

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

Transaction ID: C-3283-00q301

Amount of Each Receipt this Period
500.00

500.00

C. Full Name (Last, First, Middle Initial)
Theresa T. Williams

Mailing Address 112 Lansing Island Drive

City State Zip Code
Indian Harbour Bea FL 32937

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

Name of Employer M. H. Williams Constructi- on Group Occupation
general contractor

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

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

Transaction ID: C-3288-00I005

Amount of Each Receipt this Period
400.00

2500.00

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Theresa T. Williams

Mailing Address 112 Lansing Island Drive

City State Zip Code
Indian Harbour Bea FL 32937

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

Name of Employer Occupation
M. H. Williams Constructi- general contractor
on Group

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

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

Transaction ID: C-3289-001006

Amount of Each Receipt this Period
100.00

2500.00

B. Full Name (Last, First, Middle Initial)
Hobson L. Wilson

Mailing Address 4000 Old Settlement Road

City State Zip Code
Merritt Island FL 32952

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

Name of Employer Occupation
n/a retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

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

Transaction ID: C-3296-000I03

Amount of Each Receipt this Period
200.00

300.00

C. Full Name (Last, First, Middle Initial)
Karl L. Zimmermann

Mailing Address 1786 Coral Way, N.

City State Zip Code
Vero Beach FL 32963

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

Name of Employer Occupation
self-employed realtor

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

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

Transaction ID: C-3360-00qX01

Amount of Each Receipt this Period
250.00

250.00

SUBTOTAL of Receipts This Page (optional) ► **550.00**

TOTAL This Period (last page this line number only) ► **57299.43**

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
American Academy of Ophthalmology PAC
 Mailing Address 655 Beech Street
 City San Francisco State CA Zip Code 94109
 Date of Receipt 03 / 24 / 2010
Transaction ID: C-52-00Jo05
 Amount of Each Receipt this Period 1000.00
 FEC ID number of contributing federal political committee. **C** C00196246
 Name of Employer Occupation
 Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) 4000.00

B. Full Name (Last, First, Middle Initial)
Amer. Assn. of Oral and Maxillofacial Sur.
 Mailing Address 9700 W. Bryn Mawr Avenue
 City Rosemont State IL Zip Code 60018
 Date of Receipt 01 / 23 / 2010
Transaction ID: C-54-00HV03
 Amount of Each Receipt this Period 2000.00
 FEC ID number of contributing federal political committee. **C** C00005660
 Name of Employer Occupation
 Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) 2000.00

C. Full Name (Last, First, Middle Initial)
American Crystal Sugar PAC
 Mailing Address 101 N. Third Street
 City Moorhead State MN Zip Code 56560
 Date of Receipt 03 / 29 / 2010
Transaction ID: C-67-019m01
 Amount of Each Receipt this Period 5000.00
 FEC ID number of contributing federal political committee. **C** C00110338
 Name of Employer Occupation
 Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) 5000.00

SUBTOTAL of Receipts This Page (optional) ► 8000.00
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 47 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
American Sugar Cane League PAC
Mailing Address P. O. Drawer 938
City Thibodaux State LA Zip Code 70302
FEC ID number of contributing federal political committee. **C** C00081414
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt 03 / 31 / 2010
Transaction ID: C-79-00XG02
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
American Sugarbeet Growers Assn. PAC
Mailing Address 1156 15th Street, N.W., #1101
City Washington State DC Zip Code 20005
FEC ID number of contributing federal political committee. **C** C00167684
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 03 / 24 / 2010
Transaction ID: C-80-019H01
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Americans in Contact PAC
Mailing Address P. O. Box 204
City Alexandria State VA Zip Code 22313
FEC ID number of contributing federal political committee. **C** C00455444
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 250.00
Date of Receipt 01 / 13 / 2010
Transaction ID: C-81-00q001
Amount of Each Receipt this Period 250.00

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: PAGE 48 / 107
(check only one)
 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 Bill Posey

A. Full Name (Last, First, Middle Initial)
Assoc. of KFC Franchisees PAC
Mailing Address P. O. Box 26366

City State Zip Code
Alexandria VA 22313

FEC ID number of contributing federal political committee. **C** C00412098

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2010
Transaction ID: C-129-019k01
 Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
Branch Bank & Trust PAC
Mailing Address 150 S. Stratford Road, #401

City State Zip Code
Winston Salem NC 27104

FEC ID number of contributing federal political committee. **C** C00075291

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 13 / 2010
Transaction ID: C-371-00q101
 Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Build PAC of Natl. Assn. of Home Builders
Mailing Address 1201 15th Street, N.W.

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2010
Transaction ID: C-453-00IU04
 Amount of Each Receipt this Period
 2500.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Council of Insurance Agents & Brokers PAC
 Mailing Address 701 Pennsylvania Avenue, N.W., #75
 City Washington State DC Zip Code 20004
 Date of Receipt 01 / 16 / 2010
 Transaction ID: C-702-00XC04
 Amount of Each Receipt this Period 1000.00
 FEC ID number of contributing federal political committee. C C00039578
 Name of Employer Occupation
 Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) 5000.00

B. Full Name (Last, First, Middle Initial)
CULAC the PAC of Credit Union Natl. Assn.
 Mailing Address 601 Pennsylvania Ave., N.W., #600
 City Washington State DC Zip Code 20004
 Date of Receipt 03 / 08 / 2010
 Transaction ID: C-729-00lp06
 Amount of Each Receipt this Period 1000.00
 FEC ID number of contributing federal political committee. C C00007880
 Name of Employer Occupation
 Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) 6000.00

C. Full Name (Last, First, Middle Initial)
CULAC the PAC of Credit Union Natl. Assn.
 Mailing Address 601 Pennsylvania Ave., N.W., #600
 City Washington State DC Zip Code 20004
 Date of Receipt 03 / 24 / 2010
 Transaction ID: C-730-00lp07
 Amount of Each Receipt this Period 1000.00
 FEC ID number of contributing federal political committee. C C00007880
 Name of Employer Occupation
 Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) 6000.00

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: PAGE 50 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
DRS Technologies, Inc. Good Govt. Fund
Mailing Address 5 Sylvan Way, #500

City Parsippany State NJ Zip Code 07054

FEC ID number of contributing federal political committee. **C** C00275123

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10500.00

Date of Receipt: 02 / 18 / 2010
Transaction ID: C-762-00Uf05
 Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
DRS Technologies, Inc. Good Govt. Fund
Mailing Address 5 Sylvan Way, #500

City Parsippany State NJ Zip Code 07054

FEC ID number of contributing federal political committee. **C** C00275123

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10500.00

Date of Receipt: 02 / 26 / 2010
Transaction ID: C-763-00Uf06
 Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
DRS Technologies, Inc. Good Govt. Fund
Mailing Address 5 Sylvan Way, #500

City Parsippany State NJ Zip Code 07054

FEC ID number of contributing federal political committee. **C** C00275123

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10500.00

Date of Receipt: 02 / 26 / 2010
Transaction ID: C-764-00Uf07
 Amount of Each Receipt this Period: 500.00

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: PAGE 51 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Darden Restaurants Employees Good Govt.
Mailing Address 1000 Darden Center Drive

City State Zip Code
Orlando FL 32837

FEC ID number of contributing federal political committee. **C** C00108282

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 12 / 2010
Transaction ID: C-776-015V01
 Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Employees of Northrop Gruman Corp. PAC
Mailing Address 520 S. Grand Avenue, #700

City State Zip Code
Los Angeles CA 90071

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 01 / 2010
Transaction ID: C-975-00Ts06
 Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Honeywell International PAC
Mailing Address 101 Constitution Avenue, N.W., #50

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 29 / 2010
Transaction ID: C-1466-00Mj06
 Amount of Each Receipt this Period
 2500.00

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 52 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
IAP Worldwide Services PAC

Mailing Address 7315 N. Atlantic Avenue, #218

City State Zip Code
Cape Canaveral FL 32920

FEC ID number of contributing federal political committee. **C** C00414425

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

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

Transaction ID: C-1514-00TJ05

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Independent Community Bankers PAC

Mailing Address 1615 L Street, N.W., #900

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00032698

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: C-1516-00qJ01

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Investment Company Institute PAC

Mailing Address 1401 H Street, N.W., #1200

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00105981

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5619.05

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

Transaction ID: C-1527-00VV05

Amount of Each Receipt this Period
500.00

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: PAGE 53 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Investment Company Institute PAC
Mailing Address 1401 H Street, N.W., #1200

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00105981

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5619.05

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 01 / 2010
Transaction ID: C-1528-00VV06
 Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
JPMorgan Chase & Co. Federal PAC
Mailing Address 10 S. Dearborn Street, #1-0520

City State Zip Code
Chicago IL 60603

FEC ID number of contributing federal political committee. **C** C00104299

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 04 / 2010
Transaction ID: C-1540-00ii02
 Amount of Each Receipt this Period
 1500.00

C. Full Name (Last, First, Middle Initial)
Manufactured Housing Institute PAC
Mailing Address 2101 Wilson Blvd., #610

City State Zip Code
Arlington VA 22201

FEC ID number of contributing federal political committee. **C** C00043463

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2010
Transaction ID: C-1934-00WT02
 Amount of Each Receipt this Period
 1000.00

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: PAGE 54 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Minn-Dak Farmers Cooperative PAC

Mailing Address 7525 Red River Road

City Wahpeton State ND Zip Code 58075

FEC ID number of contributing federal political committee. **C** C00164939

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 03 / 24 / 2010
Transaction ID: C-2099-019G01
 Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
NASDAQ OMX Group, Inc.

Mailing Address 1100 New York Ave., N.W., #310

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00366013

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 03 / 01 / 2010
Transaction ID: C-2180-00v701
 Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
National Association of Realtors PAC

Mailing Address 430 N. Michigan Avenue

City Chicago State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 01 / 23 / 2010
Transaction ID: C-2190-00G705
 Amount of Each Receipt this Period: 500.00

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: PAGE 55 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
National Association of Realtors PAC
Mailing Address 430 N. Michigan Avenue
City Chicago State IL Zip Code 60611
FEC ID number of contributing federal political committee. **C** C00030718
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00
Date of Receipt 03 / 24 / 2010
Transaction ID: C-2191-00G706
Amount of Each Receipt this Period 3000.00

B. Full Name (Last, First, Middle Initial)
National Association of Postmasters PAC
Mailing Address 8 Herbert Street
City Alexandria State VA Zip Code 22305
FEC ID number of contributing federal political committee. **C** C00100404
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 03 / 15 / 2010
Transaction ID: C-2196-015Y01
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Natl. Assn. of Federal Credit Unions PAC
Mailing Address 3138 N. 10th Street
City Arlington State VA Zip Code 22201
FEC ID number of contributing federal political committee. **C** C00040659
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1875.81
Date of Receipt 03 / 04 / 2010
Transaction ID: C-2197-018501
Amount of Each Receipt this Period 1875.81
food & beverage

SUBTOTAL of Receipts This Page (optional) ► 5875.81
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 56 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial)
Natl. Marine Manufactures Assn. Boat PAC

Mailing Address 444 North Capitol Street, N.W., #6

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00245548

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 24 / 2010

Transaction ID: C-2205-019F01

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
NRA-Political Victory Fund

Mailing Address 11250 Waples Mill Road

City Fairfax State VA Zip Code 22030

FEC ID number of contributing federal political committee. **C** C00053553

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2010

Transaction ID: C-2210-00KT05

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
National Venture Capital Assn. PAC

Mailing Address 1655 N. Fort Myer Drive, #850

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00150367

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 11 / 2010

Transaction ID: C-2212-00TB02

Amount of Each Receipt this Period
 1500.00

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

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 57 / 107

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A.

Full Name (Last, First, Middle Initial)
Orbital Sciences Corporation PAC

Mailing Address 21839 Atlantic Blvd., 4th Floor

City State Zip Code
Dulles VA 20166

FEC ID number of contributing federal political committee. **C** C00195263

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

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

Transaction ID: C-2288-00mg02

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Property Casualty Insurers Assn. PAC

Mailing Address 2600 S. River Road

City State Zip Code
Des Plaines IL 60018

FEC ID number of contributing federal political committee. **C** C00066472

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt

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

Transaction ID: C-2438-00XE03

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Prudential Financial, Inc. PAC

Mailing Address 751 Broad Street, 14th Floor

City State Zip Code
Newark NJ 07102

FEC ID number of contributing federal political committee. **C** C00127779

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: C-2439-00wx01

Amount of Each Receipt this Period

1000.00

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: PAGE 58 / 107
(check only one)
 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 Bill Posey

A. Full Name (Last, First, Middle Initial)
Raytheon Company PAC

Mailing Address 1100 Wilson Blvd., #1500

City State Zip Code
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt

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

Transaction ID: C-2479-00iO02

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
Raytheon Company PAC

Mailing Address 1100 Wilson Blvd., #1500

City State Zip Code
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt

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

Transaction ID: C-2480-00iO03

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Southern Minnesota Beet Sugar Coop PAC

Mailing Address P. O. Box 500

City State Zip Code
Renville MN 56284

FEC ID number of contributing federal political committee. **C** C00166348

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: C-2848-019n01

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

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 59 / 107
(check only one)
 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 Bill Posey

A. Full Name (Last, First, Middle Initial)
USAA Employee PAC

Mailing Address 9800 Fredericksburg Road, #501

City San Antonio State TX Zip Code 78288

FEC ID number of contributing federal political committee. **C** C00164145

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 15 / 2010

Transaction ID: C-3081-00pn02

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
United Space Alliance PAC

Mailing Address 1150 Gemini Avenue

City Houston State TX Zip Code 77058

FEC ID number of contributing federal political committee. **C** C00327312

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 18 / 2010

Transaction ID: C-3090-00KV04

Amount of Each Receipt this Period
 1500.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

TOTAL This Period (last page this line number only) ► 52625.81

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A.	Full Name (Last, First, Middle Initial) Bank of Tampa		Date of Receipt
	Mailing Address P. O. Box 1		<input type="text" value="01"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Tampa	FL	33601
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: C-181-004y07
Receipt For: 2010		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="459.40"/>		
			Amount of Each Receipt this Period
			<input type="text" value="79.38"/>

B.	Full Name (Last, First, Middle Initial) Bank of Tampa		Date of Receipt
	Mailing Address P. O. Box 1		<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Tampa	FL	33601
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: C-182-004y08
Receipt For: 2010		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="459.40"/>		
			Amount of Each Receipt this Period
			<input type="text" value="76.66"/>

C.	Full Name (Last, First, Middle Initial) Bank of Tampa		Date of Receipt
	Mailing Address P. O. Box 1		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Tampa	FL	33601
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: C-183-004y09
Receipt For: 2010		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="459.40"/>		
			Amount of Each Receipt this Period
			<input type="text" value="100.97"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="257.01"/>
TOTAL This Period (last page this line number only)	<input type="text" value="257.01"/>

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A.	Full Name (Last, First, Middle Initial) ADT Security Services Mailing Address P. O. Box 650485 City Dallas State TX Zip Code 75265 Purpose of Disbursement security Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D11-00GM0F Date of Disbursement 01 / 21 / 2010 Amount of Each Disbursement this Period 40.05 Category/Type
B.	Full Name (Last, First, Middle Initial) ADT Security Services Mailing Address P. O. Box 650485 City Dallas State TX Zip Code 75265 Purpose of Disbursement security Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12-00GM0G Date of Disbursement 02 / 11 / 2010 Amount of Each Disbursement this Period 40.05 Category/Type
C.	Full Name (Last, First, Middle Initial) ADT Security Services Mailing Address P. O. Box 650485 City Dallas State TX Zip Code 75265 Purpose of Disbursement security Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D13-00GM0H Date of Disbursement 03 / 10 / 2010 Amount of Each Disbursement this Period 40.05 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

120.15

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: D30-00AS0S Date of Disbursement 01 / 07 / 2010
	Mailing Address P. O. Box 105262	Amount of Each Disbursement this Period 207.00
	City Atlanta State GA Zip Code 30348	
	Purpose of Disbursement telephone Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: D31-00AS0T Date of Disbursement 02 / 11 / 2010
	Mailing Address P. O. Box 105262	Amount of Each Disbursement this Period 100.29
	City Atlanta State GA Zip Code 30348	
	Purpose of Disbursement telephone Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: D32-00AS0U Date of Disbursement 03 / 10 / 2010
	Mailing Address P. O. Box 105262	Amount of Each Disbursement this Period 100.08
	City Atlanta State GA Zip Code 30348	
	Purpose of Disbursement telephone Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

407.37

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial) AT&T Mobility <hr/> Mailing Address P. O. Box 538695 <hr/> City Atlanta State GA Zip Code 30353 <hr/> Purpose of Disbursement telephone Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D49-00Hr0N Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 1 0
	Amount of Each Disbursement this Period 1075.23
B. Full Name (Last, First, Middle Initial) AT&T Mobility <hr/> Mailing Address P. O. Box 538695 <hr/> City Atlanta State GA Zip Code 30353 <hr/> Purpose of Disbursement telephone Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D50-00Hr0O Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 1 0
	Amount of Each Disbursement this Period 992.19
C. Full Name (Last, First, Middle Initial) AT&T Mobility <hr/> Mailing Address P. O. Box 538695 <hr/> City Atlanta State GA Zip Code 30353 <hr/> Purpose of Disbursement telephone Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D51-00Hr0P Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 1 0
	Amount of Each Disbursement this Period 910.20

SUBTOTAL of Disbursements This Page (optional) ▶

2977.62

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)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A.

Full Name (Last, First, Middle Initial)
T. A. Altman

Transaction ID: D71-001R0K
Date of Disbursement

Mailing Address P. O. Box 360911

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

City Melbourne State FL Zip Code 32936

Amount of Each Disbursement this Period

565.78

Purpose of Disbursement
office rent

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
T. A. Altman

Transaction ID: D72-001R0L
Date of Disbursement

Mailing Address P. O. Box 360911

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

City Melbourne State FL Zip Code 32936

Amount of Each Disbursement this Period

565.78

Purpose of Disbursement
office rent

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
T. A. Altman

Transaction ID: D73-001R0M
Date of Disbursement

Mailing Address P. O. Box 360911

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

City Melbourne State FL Zip Code 32936

Amount of Each Disbursement this Period

565.78

Purpose of Disbursement
office rent

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

1697.34

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)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial) Bank of Tampa <hr/> Mailing Address P. O. Box 1 <hr/> City Tampa State FL Zip Code 33601 <hr/> Purpose of Disbursement payroll taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D100-004y0c Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 172.17
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Bank of Tampa <hr/> Mailing Address P. O. Box 1 <hr/> City Tampa State FL Zip Code 33601 <hr/> Purpose of Disbursement payroll taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D101-004y0d Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 172.17
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Bank of Tampa <hr/> Mailing Address P. O. Box 1 <hr/> City Tampa State FL Zip Code 33601 <hr/> Purpose of Disbursement income taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D102-004y0e Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 15.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

359.34

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A.	Full Name (Last, First, Middle Initial) Bank of Tampa Mailing Address P. O. Box 1 City Tampa State FL Zip Code 33601 Purpose of Disbursement service charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D103-004y0f Date of Disbursement 03 / 02 / 2010 Amount of Each Disbursement this Period 17.00
B.	Full Name (Last, First, Middle Initial) Bank of Tampa Mailing Address P. O. Box 1 City Tampa State FL Zip Code 33601 Purpose of Disbursement deposit slips Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D104-004y0g Date of Disbursement 02 / 10 / 2010 Amount of Each Disbursement this Period 22.76
C.	Full Name (Last, First, Middle Initial) Bank of Tampa Mailing Address P. O. Box 1 City Tampa State FL Zip Code 33601 Purpose of Disbursement payroll taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D105-004y0h Date of Disbursement 03 / 31 / 2010 Amount of Each Disbursement this Period 466.52

SUBTOTAL of Disbursements This Page (optional) ▶

506.28

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

<p>A. Full Name (Last, First, Middle Initial) Berry Signs, Inc.</p> <p>Mailing Address 1740 S. Huntington Lane</p> <p>City Rockledge State FL Zip Code 32955</p> <p>Purpose of Disbursement bumper stickers</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D110-000F08</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 636.00</p>
<p>B. Full Name (Last, First, Middle Initial) Brevard County SOE</p> <p>Mailing Address P.O. Box 410819</p> <p>City Melbourne State FL Zip Code 32941</p> <p>Purpose of Disbursement petition verification</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D116-006z07</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 623.00</p>
<p>C. Full Name (Last, First, Middle Initial) Brevard County Republican Exec. Comm.</p> <p>Mailing Address 2525 Aurora Road, #105</p> <p>City Melbourne State FL Zip Code 32935</p> <p>Purpose of Disbursement advertising/dinner ticket</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D117-00Nv02</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 360.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1619.00

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A.	Full Name (Last, First, Middle Initial) Capitol Hill Club <hr/> Mailing Address 300 First Street, S.E. <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement food & beverage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D139-00WL0B Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 92.47
B.	Full Name (Last, First, Middle Initial) Capitol Hill Club <hr/> Mailing Address 300 First Street, S.E. <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement food & beverage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D140-00WL0C Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 1225.49
C.	Full Name (Last, First, Middle Initial) Capitol Hill Club <hr/> Mailing Address 300 First Street, S.E. <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement food & beverage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D141-00WL0D Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 213.04

SUBTOTAL of Disbursements This Page (optional) ▶

1531.00

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)

PAGE 69 / 107

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A.	Full Name (Last, First, Middle Initial) Capitol Hill Club <hr/> Mailing Address 300 First Street, S.E. <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement food & beverage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D142-00WL0E Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2010 <hr/> Amount of Each Disbursement this Period 122.20
B.	Full Name (Last, First, Middle Initial) Civilian Military Council <hr/> Mailing Address P. O. Box 3 <hr/> City Cocoa State FL Zip Code 32923 <hr/> Purpose of Disbursement dues Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D151-00pt01 Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2010 <hr/> Amount of Each Disbursement this Period 375.00
C.	Full Name (Last, First, Middle Initial) Civis, Ltd. <hr/> Mailing Address 214 W. University Avenue <hr/> City Gainesville State FL Zip Code 32601 <hr/> Purpose of Disbursement email services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D153-00iT02 Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2010 <hr/> Amount of Each Disbursement this Period 700.00

SUBTOTAL of Disbursements This Page (optional) ▶	1197.20
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A.	Full Name (Last, First, Middle Initial) The Congressional Club Mailing Address 2001 New Hampshire Avenue City Washington State DC Zip Code 20009 Purpose of Disbursement luncheon ticket Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D160-00YP05 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 1 0 Amount of Each Disbursement this Period 30.00
B.	Full Name (Last, First, Middle Initial) The Congressional Club Mailing Address 2001 New Hampshire Avenue City Washington State DC Zip Code 20009 Purpose of Disbursement luncheon tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D161-00YP06 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 1 0 Amount of Each Disbursement this Period 400.00
C.	Full Name (Last, First, Middle Initial) The Congressional Club Mailing Address 2001 New Hampshire Avenue City Washington State DC Zip Code 20009 Purpose of Disbursement luncheon tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D162-00YP07 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 1 0 Amount of Each Disbursement this Period 400.00

SUBTOTAL of Disbursements This Page (optional) ▶	830.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial) The Congressional Club Mailing Address 2001 New Hampshire Avenue City Washington State DC Zip Code 20009 Purpose of Disbursement luncheon tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D163-00YP08 Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2010
	Amount of Each Disbursement this Period 400.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Data Targeting, Inc. Mailing Address 6211 N.W. 132 Street City Gainesville State FL Zip Code 32653 Purpose of Disbursement printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D181-00GI0H Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2010
	Amount of Each Disbursement this Period 2665.47
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Data Targeting, Inc. Mailing Address 6211 N.W. 132 Street City Gainesville State FL Zip Code 32653 Purpose of Disbursement direct mail services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D182-00GI0I Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2010
	Amount of Each Disbursement this Period 10021.48
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	13086.95
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)

PAGE 72 / 107

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial) Data Targeting, Inc. <hr/> Mailing Address 6211 N.W. 132 Street <hr/> City Gainesville State FL Zip Code 32653 <hr/> Purpose of Disbursement direct mail services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D183-00GI0J Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 1 0
	Amount of Each Disbursement this Period 26511.59
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Florida Power & Light <hr/> Mailing Address General Mail Facility <hr/> City Miami State FL Zip Code 33188 <hr/> Purpose of Disbursement utilities Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D210-00H50N Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 25.07
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Florida Power & Light <hr/> Mailing Address General Mail Facility <hr/> City Miami State FL Zip Code 33188 <hr/> Purpose of Disbursement utilities Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D211-00H50O Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 1 0
	Amount of Each Disbursement this Period 24.73
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

26561.39

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A.	Full Name (Last, First, Middle Initial) Florida U.C. Fund	Transaction ID: D217-00GK06 Date of Disbursement 01 / 26 / 2010
	Mailing Address 5050 W. Tennessee Street	Amount of Each Disbursement this Period 108.00
	City Tallahassee State FL Zip Code 32399	
	Purpose of Disbursement payroll taxes	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Dan Gans	Transaction ID: D221-00uk01 Date of Disbursement 02 / 27 / 2010
	Mailing Address 330 Maryland Avenue, N.E., #B	Amount of Each Disbursement this Period 348.43
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement * In-Kind->food & beverage	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Hammond & Associates	Transaction ID: D249-00Hh0Y Date of Disbursement 01 / 04 / 2010
	Mailing Address 105 N. Virginia Avenue, #309	Amount of Each Disbursement this Period 2500.00
	City Falls Church State VA Zip Code 22046	
	Purpose of Disbursement fundraising consulting	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	2956.43
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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A.	Full Name (Last, First, Middle Initial) Hammond & Associates Mailing Address 105 N. Virginia Avenue, #309 City Falls Church State VA Zip Code 22046 Purpose of Disbursement catering/database mgmt. Candidate Name <input type="text"/> Category/Type <input type="text"/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D250-00Hh0Z Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 1 0 Amount of Each Disbursement this Period 454.75
B.	Full Name (Last, First, Middle Initial) Hammond & Associates Mailing Address 105 N. Virginia Avenue, #309 City Falls Church State VA Zip Code 22046 Purpose of Disbursement fundraising consulting Candidate Name <input type="text"/> Category/Type <input type="text"/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D251-00Hh0a Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 1 0 Amount of Each Disbursement this Period 2500.00
C.	Full Name (Last, First, Middle Initial) Hammond & Associates Mailing Address 105 N. Virginia Avenue, #309 City Falls Church State VA Zip Code 22046 Purpose of Disbursement fundraising consulting Candidate Name <input type="text"/> Category/Type <input type="text"/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D252-00Hh0b Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 1 0 Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional) ►

5454.75

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A.	Full Name (Last, First, Middle Initial) Hammond & Associates	Transaction ID: D253-00Hh0c Date of Disbursement
	Mailing Address 105 N. Virginia Avenue, #309	<input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City Falls Church State VA Zip Code 22046	Amount of Each Disbursement this Period
	Purpose of Disbursement database services	<input type="text" value="129.25"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Hammond & Associates	Transaction ID: D254-00Hh0d Date of Disbursement
	Mailing Address 105 N. Virginia Avenue, #309	<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City Falls Church State VA Zip Code 22046	Amount of Each Disbursement this Period
	Purpose of Disbursement database services	<input type="text" value="163.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Indian River Republican Exec. Committee	Transaction ID: D278-00qS02 Date of Disbursement
	Mailing Address 1000 Clipper Road	<input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
	City Vero Beach State FL Zip Code 32963	Amount of Each Disbursement this Period
	Purpose of Disbursement dinner tickets	<input type="text" value="600.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="892.25"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

PAGE 76 / 107

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Anne M. Lesser</p> <p>Mailing Address 125 Franklin Avenue</p> <p>City Indialantic State FL Zip Code 32903</p> <p>Purpose of Disbursement salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D306-00lj06</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="904.33"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Anne M. Lesser</p> <p>Mailing Address 125 Franklin Avenue</p> <p>City Indialantic State FL Zip Code 32903</p> <p>Purpose of Disbursement salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D307-00lj07</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="904.33"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Anne M. Lesser</p> <p>Mailing Address 125 Franklin Avenue</p> <p>City Indialantic State FL Zip Code 32903</p> <p>Purpose of Disbursement salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D308-00lj08</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1686.48"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3495.14"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

<p>A. Full Name (Last, First, Middle Initial) Natl. Assn. of Federal Credit Unions PAC</p> <p>Mailing Address 3138 N. 10th Street</p> <p>City Arlington State VA Zip Code 22201</p> <p>Purpose of Disbursement * In-Kind->food & beverage</p> <p>Candidate Name Natl. Assn. of Federal Credit Unions PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D327-018501</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 1875.81</p>
<p>B. Full Name (Last, First, Middle Initial) Osceola County Republican Party</p> <p>Mailing Address P. O. Box 453622</p> <p>City Kissimmee State FL Zip Code 34745</p> <p>Purpose of Disbursement advertising/dinner ticket</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D354-00pv01</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Osceola County Republican Party</p> <p>Mailing Address P. O. Box 453622</p> <p>City Kissimmee State FL Zip Code 34745</p> <p>Purpose of Disbursement event tickets</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D355-00pv02</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 100.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2475.81

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A.	Full Name (Last, First, Middle Initial) Bill Posey	Transaction ID: D379-000100 Date of Disbursement 01 / 21 / 2010
	Mailing Address 2525 Aurora Road, #102	Amount of Each Disbursement this Period 1102.28
	City Melbourne State FL Zip Code 32935	
	Purpose of Disbursement see memo entries	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Cafe Du Parc	Transaction ID: D1-00mc04 Date of Disbursement 01 / 21 / 2010
	Mailing Address 1401 Pennsylvania Avenue, N.W.	Amount of Each Disbursement this Period 56.24
	City Washington State DC Zip Code 20004	
	Purpose of Disbursement food & beverage	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

[MEMO ITEM]
Memo

C.	Full Name (Last, First, Middle Initial) Cafe Du Parc	Transaction ID: D2-00mc05 Date of Disbursement 01 / 21 / 2010
	Mailing Address 1401 Pennsylvania Avenue, N.W.	Amount of Each Disbursement this Period 111.88
	City Washington State DC Zip Code 20004	
	Purpose of Disbursement food & beverage	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

[MEMO ITEM]
Memo

SUBTOTAL of Disbursements This Page (optional)	▶	1102.28
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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

<p>A. Full Name (Last, First, Middle Initial) Bill Posey</p> <p>Mailing Address 2525 Aurora Road, #102</p> <p>City Melbourne State FL Zip Code 32935</p> <p>Purpose of Disbursement mileage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D5-00010P</p> <p>Date of Disbursement 01 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 10.10</p> <p>[MEMO ITEM] Memo</p>
<p>B. Full Name (Last, First, Middle Initial) U.S. Postal Service</p> <p>Mailing Address 680 N. Apollo Blvd.</p> <p>City Melbourne State FL Zip Code 32935</p> <p>Purpose of Disbursement postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D7-004L2e</p> <p>Date of Disbursement 01 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 23.76</p> <p>[MEMO ITEM] Memo</p>
<p>C. Full Name (Last, First, Middle Initial) USAirways</p> <p>Mailing Address 7 Park Center</p> <p>City Pittsburgh State PA Zip Code 15220</p> <p>Purpose of Disbursement transportation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8-00Kv0V</p> <p>Date of Disbursement 01 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 15.00</p> <p>[MEMO ITEM] Memo</p>

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

<p>A.</p> <p>Full Name (Last, First, Middle Initial) USAirways</p> <p>Mailing Address 7 Park Center</p> <p>City Pittsburgh State PA Zip Code 15220</p> <p>Purpose of Disbursement transportation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D9-00Kv0W</p> <p>Date of Disbursement 01 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 69.90</p> <p>[MEMO ITEM] Memo</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) USAirways</p> <p>Mailing Address 7 Park Center</p> <p>City Pittsburgh State PA Zip Code 15220</p> <p>Purpose of Disbursement transportation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D10-00Kv0X</p> <p>Date of Disbursement 01 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 69.90</p> <p>[MEMO ITEM] Memo</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) USAirways</p> <p>Mailing Address 7 Park Center</p> <p>City Pittsburgh State PA Zip Code 15220</p> <p>Purpose of Disbursement transportation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D11-00Kv0Y</p> <p>Date of Disbursement 01 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 114.60</p> <p>[MEMO ITEM] Memo</p>

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A.	Full Name (Last, First, Middle Initial) USAirways Mailing Address 7 Park Center City Pittsburgh State PA Zip Code 15220 Purpose of Disbursement transportation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12-00Kv0Z Date of Disbursement 01 / 21 / 2010 Amount of Each Disbursement this Period 214.60 [MEMO ITEM] Memo
B.	Full Name (Last, First, Middle Initial) USAirways Mailing Address 7 Park Center City Pittsburgh State PA Zip Code 15220 Purpose of Disbursement transportation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D13-00Kv0a Date of Disbursement 01 / 21 / 2010 Amount of Each Disbursement this Period 274.20 [MEMO ITEM] Memo
C.	Full Name (Last, First, Middle Initial) Bill Posey Mailing Address 2525 Aurora Road, #102 City Melbourne State FL Zip Code 32935 Purpose of Disbursement see memo entries Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D381-00010Q Date of Disbursement 02 / 04 / 2010 Amount of Each Disbursement this Period 640.99

SUBTOTAL of Disbursements This Page (optional) ▶	640.99
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A.	Full Name (Last, First, Middle Initial) Bill Posey			Transaction ID: D3-00010R Date of Disbursement																						
	Mailing Address 2525 Aurora Road, #102			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	4		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y																
	0	2		0	4		2	0	1	0																
City Melbourne		State FL	Zip Code 32935		Amount of Each Disbursement this Period																					
Purpose of Disbursement mileage				<table border="1"> <tr> <td colspan="10">17.17</td> </tr> </table>		17.17																				
17.17																										
Candidate Name		Category/ Type		[MEMO ITEM] Memo																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								
State: District:																										

B.	Full Name (Last, First, Middle Initial) U.S. House of Representatives			Transaction ID: D4-00Wb05 Date of Disbursement																						
	Mailing Address Longworth Building			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	4		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y																
	0	2		0	4		2	0	1	0																
City Washington		State DC	Zip Code 20515		Amount of Each Disbursement this Period																					
Purpose of Disbursement gifts				<table border="1"> <tr> <td colspan="10">56.84</td> </tr> </table>		56.84																				
56.84																										
Candidate Name		Category/ Type		[MEMO ITEM] Memo																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								
State: District:																										

C.	Full Name (Last, First, Middle Initial) U.S. House of Representatives			Transaction ID: D5-00Wb06 Date of Disbursement																						
	Mailing Address Longworth Building			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	4		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y																
	0	2		0	4		2	0	1	0																
City Washington		State DC	Zip Code 20515		Amount of Each Disbursement this Period																					
Purpose of Disbursement gifts				<table border="1"> <tr> <td colspan="10">96.21</td> </tr> </table>		96.21																				
96.21																										
Candidate Name		Category/ Type		[MEMO ITEM] Memo																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								
State: District:																										

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)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A.	Full Name (Last, First, Middle Initial) USAirways Mailing Address 7 Park Center City Pittsburgh State PA Zip Code 15220 Purpose of Disbursement transportation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D6-00Kv0b Date of Disbursement 01 / 06 / 2010 Amount of Each Disbursement this Period 164.70 [MEMO ITEM] Memo
B.	Full Name (Last, First, Middle Initial) USAirways Mailing Address 7 Park Center City Pittsburgh State PA Zip Code 15220 Purpose of Disbursement transportation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7-00Kv0c Date of Disbursement 01 / 06 / 2010 Amount of Each Disbursement this Period 131.40 [MEMO ITEM] Memo
C.	Full Name (Last, First, Middle Initial) USAirways Mailing Address 7 Park Center City Pittsburgh State PA Zip Code 15220 Purpose of Disbursement transportation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8-00Kv0d Date of Disbursement 01 / 06 / 2010 Amount of Each Disbursement this Period 133.40 [MEMO ITEM] Memo

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)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A.

Full Name (Last, First, Middle Initial)
Bill Posey

Transaction ID: D383-00010S
Date of Disbursement

Mailing Address 2525 Aurora Road, #102

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	1	0

City Melbourne State FL Zip Code 32935

Amount of Each Disbursement this Period

715.59

Purpose of Disbursement
see memo entries

--

Candidate Name

Category/ Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Bill Posey

Transaction ID: D2-00010T
Date of Disbursement

Mailing Address 2525 Aurora Road, #102

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	1	0

City Melbourne State FL Zip Code 32935

Amount of Each Disbursement this Period

129.28

Purpose of Disbursement
mileage

--

Candidate Name

Category/ Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

[MEMO ITEM]
Memo

C.

Full Name (Last, First, Middle Initial)
USAirways

Transaction ID: D3-00Kv0e
Date of Disbursement

Mailing Address 7 Park Center

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

City Pittsburgh State PA Zip Code 15220

Amount of Each Disbursement this Period

184.70

Purpose of Disbursement
transportation

--

Candidate Name

Category/ Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

[MEMO ITEM]
Memo

SUBTOTAL of Disbursements This Page (optional)

715.59

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A.

Full Name (Last, First, Middle Initial)
USAirways

Mailing Address 7 Park Center

City Pittsburgh State PA Zip Code 15220

Purpose of Disbursement transportation

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: D4-00Kv0f
Date of Disbursement

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

Amount of Each Disbursement this Period

184.70

[MEMO ITEM]
Memo

B.

Full Name (Last, First, Middle Initial)
USAirways

Mailing Address 7 Park Center

City Pittsburgh State PA Zip Code 15220

Purpose of Disbursement transportation

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: D5-00Kv0g
Date of Disbursement

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

Amount of Each Disbursement this Period

69.70

[MEMO ITEM]
Memo

C.

Full Name (Last, First, Middle Initial)
Republican Congressional Spouses

Mailing Address 2336 S. Queen Street

City Arlington State VA Zip Code 22202

Purpose of Disbursement luncheon ticket

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: D407-00YO05
Date of Disbursement

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

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional) ▶

25.00

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A.	Full Name (Last, First, Middle Initial) Nick Riley & Associates, LLC	Transaction ID: D424-00XZ0E Date of Disbursement 01 / 04 / 2010
	Mailing Address 115 N. Calhoun Street	Amount of Each Disbursement this Period 2500.00
	City Tallahassee State FL Zip Code 32301	
	Purpose of Disbursement fundraising consulting Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Nick Riley & Associates, LLC	Transaction ID: D425-00XZ0F Date of Disbursement 01 / 28 / 2010
	Mailing Address 115 N. Calhoun Street	Amount of Each Disbursement this Period 14310.80
	City Tallahassee State FL Zip Code 32301	
	Purpose of Disbursement fundraising consulting Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Nick Riley & Associates, LLC	Transaction ID: D426-00XZ0G Date of Disbursement 02 / 01 / 2010
	Mailing Address 115 N. Calhoun Street	Amount of Each Disbursement this Period 2500.00
	City Tallahassee State FL Zip Code 32301	
	Purpose of Disbursement fundraising consulting Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	19310.80
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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A.

Full Name (Last, First, Middle Initial)
Nick Riley & Associates, LLC

Transaction ID: D427-00XZ0H
Date of Disbursement

Mailing Address 115 N. Calhoun Street

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

City Tallahassee State FL Zip Code 32301

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement fundraising consulting
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
Staples

Transaction ID: D466-00IS0J
Date of Disbursement

Mailing Address P. O. Box 689020

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

City Des Moines State IA Zip Code 50368

Amount of Each Disbursement this Period

61.98

Purpose of Disbursement office supplies
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
Staples

Transaction ID: D467-00IS0K
Date of Disbursement

Mailing Address P. O. Box 689020

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

City Des Moines State IA Zip Code 50368

Amount of Each Disbursement this Period

137.23

Purpose of Disbursement office supplies/postage
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional)

2699.21

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)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A.	Full Name (Last, First, Middle Initial) U.S. Postal Service Mailing Address 680 N. Apollo Blvd. City Melbourne State FL Zip Code 32935 Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D570-004L2k Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 1 0 Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) U.S. Postal Service Mailing Address 680 N. Apollo Blvd. City Melbourne State FL Zip Code 32935 Purpose of Disbursement BRM permit Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D571-004L2I Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 1 0 Amount of Each Disbursement this Period 185.00
C.	Full Name (Last, First, Middle Initial) U.S. Postal Service Mailing Address 680 N. Apollo Blvd. City Melbourne State FL Zip Code 32935 Purpose of Disbursement p.o. box renewal Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D572-004L2m Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 1 0 Amount of Each Disbursement this Period 176.00

SUBTOTAL of Disbursements This Page (optional) ▶

1361.00

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A.	Full Name (Last, First, Middle Initial) U.S. Postal Service Mailing Address 680 N. Apollo Blvd. City Melbourne State FL Zip Code 32935 Purpose of Disbursement BRM postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D573-004L2n Date of Disbursement 03 / 08 / 2010 Amount of Each Disbursement this Period 1500.00
B.	Full Name (Last, First, Middle Initial) U.S. Postal Service Mailing Address 680 N. Apollo Blvd. City Melbourne State FL Zip Code 32935 Purpose of Disbursement BRM postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D574-004L2o Date of Disbursement 03 / 11 / 2010 Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) United States Treasury Mailing Address P.O. Box 105078 City Atlanta State GA Zip Code 30348 Purpose of Disbursement payroll taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D648-00Uq02 Date of Disbursement 01 / 26 / 2010 Amount of Each Disbursement this Period 80.00

SUBTOTAL of Disbursements This Page (optional) ▶	2580.00
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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

<p>A. Full Name (Last, First, Middle Initial) Visa</p> <p>Mailing Address P. O. Box 30131</p> <p>City Tampa State FL Zip Code 33630</p> <p>Purpose of Disbursement see memo entries</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D692-00HS0u</p> <p>Date of Disbursement 01 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 360.48</p>
<p>B. Full Name (Last, First, Middle Initial) Office Depot</p> <p>Mailing Address P. O. Box 9020</p> <p>City Des Moines State IA Zip Code 50368</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D3-00lw0F</p> <p>Date of Disbursement 01 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 16.16</p> <p>[MEMO ITEM] Credit Card Item</p>
<p>C. Full Name (Last, First, Middle Initial) U.S. Postal Service</p> <p>Mailing Address 680 N. Apollo Blvd.</p> <p>City Melbourne State FL Zip Code 32935</p> <p>Purpose of Disbursement postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D5-004L2g</p> <p>Date of Disbursement 12 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 1.22</p> <p>[MEMO ITEM] Credit Card Item</p>

SUBTOTAL of Disbursements This Page (optional) ▶

360.48

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)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A.	Full Name (Last, First, Middle Initial) U.S. Postal Service Mailing Address 680 N. Apollo Blvd. City Melbourne State FL Zip Code 32935 Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D6-004L2h Date of Disbursement 01 / 28 / 2009 Amount of Each Disbursement this Period 4.95 [MEMO ITEM] Credit Card Item
B.	Full Name (Last, First, Middle Initial) U.S. Postal Service Mailing Address 680 N. Apollo Blvd. City Melbourne State FL Zip Code 32935 Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7-004L2i Date of Disbursement 01 / 05 / 2009 Amount of Each Disbursement this Period 6.75 [MEMO ITEM] Credit Card Item
C.	Full Name (Last, First, Middle Initial) U.S. Postal Service Mailing Address 680 N. Apollo Blvd. City Melbourne State FL Zip Code 32935 Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8-004L2j Date of Disbursement 01 / 13 / 2009 Amount of Each Disbursement this Period 265.56 [MEMO ITEM] Credit Card Item

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address P. O. Box 30131

City Tampa State FL Zip Code 33630

Purpose of Disbursement
see memo entries

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D693-00HS0v
Date of Disbursement

01 / 28 / 2010

Amount of Each Disbursement this Period

57.77

B.

Full Name (Last, First, Middle Initial)
Office Depot

Mailing Address P. O. Box 9020

City Des Moines State IA Zip Code 50368

Purpose of Disbursement
office supplies 12/17

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D1-00lw0E
Date of Disbursement

01 / 28 / 2010

Amount of Each Disbursement this Period

13.77

[MEMO ITEM]
Credit Card Item

C.

Full Name (Last, First, Middle Initial)
U.S. Postal Service

Mailing Address 680 N. Apollo Blvd.

City Melbourne State FL Zip Code 32935

Purpose of Disbursement
postage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D2-004L2f
Date of Disbursement

01 / 15 / 2010

Amount of Each Disbursement this Period

44.00

[MEMO ITEM]
Credit Card Item

SUBTOTAL of Disbursements This Page (optional) ▶

57.77

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A.	Full Name (Last, First, Middle Initial) Visa Mailing Address P. O. Box 30131 City Tampa State FL Zip Code 33630 Purpose of Disbursement see memo entry Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D694-00HS0w Date of Disbursement 01 / 28 / 2010 Amount of Each Disbursement this Period 1612.00 Category/Type
B.	Full Name (Last, First, Middle Initial) The Congressional Institute Mailing Address 1001 N. Fairfax Street, #410 City Alexandria State VA Zip Code 22314 Purpose of Disbursement conference registration Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D1-00Ux02 Date of Disbursement 01 / 15 / 2010 Amount of Each Disbursement this Period 1612.00 Category/Type [MEMO ITEM] Credit Card Item
C.	Full Name (Last, First, Middle Initial) Visa Mailing Address P. O. Box 30131 City Tampa State FL Zip Code 33630 Purpose of Disbursement see memo entries Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D695-00HS0x Date of Disbursement 02 / 24 / 2010 Amount of Each Disbursement this Period 51.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

1663.00

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A.

Full Name (Last, First, Middle Initial)
U.S. Postal Service

Mailing Address 680 N. Apollo Blvd.

City Melbourne State FL Zip Code 32935

Purpose of Disbursement
postage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D2-004L2p
Date of Disbursement

01 / 26 / 2010

Amount of Each Disbursement this Period

8.80

[MEMO ITEM]
Credit Card Item

B.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address P. O. Box 30131

City Tampa State FL Zip Code 33630

Purpose of Disbursement
see memo entries

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D696-00HS0y
Date of Disbursement

02 / 24 / 2010

Amount of Each Disbursement this Period

145.11

C.

Full Name (Last, First, Middle Initial)
U.S. Postal Service

Mailing Address 680 N. Apollo Blvd.

City Melbourne State FL Zip Code 32935

Purpose of Disbursement
postage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D1-004L2q
Date of Disbursement

02 / 24 / 2010

Amount of Each Disbursement this Period

10.70

[MEMO ITEM]
Credit Card Item

SUBTOTAL of Disbursements This Page (optional) ▶

145.11

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)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A.

Full Name (Last, First, Middle Initial)
U.S. Postal Service

Mailing Address 680 N. Apollo Blvd.

City Melbourne State FL Zip Code 32935

Purpose of Disbursement
postage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D2-004L2r
Date of Disbursement

01 / 26 / 2010

Amount of Each Disbursement this Period

134.41

[MEMO ITEM]
Credit Card Item

B.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address P. O. Box 30131

City Tampa State FL Zip Code 33630

Purpose of Disbursement
see memo entries

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D697-00HS0z
Date of Disbursement

02 / 24 / 2010

Amount of Each Disbursement this Period

205.27

C.

Full Name (Last, First, Middle Initial)
U.S. Postal Service

Mailing Address 680 N. Apollo Blvd.

City Melbourne State FL Zip Code 32935

Purpose of Disbursement
postage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D1-004L2s
Date of Disbursement

01 / 26 / 2010

Amount of Each Disbursement this Period

4.90

[MEMO ITEM]
Credit Card Item

SUBTOTAL of Disbursements This Page (optional) ►

205.27

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)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A.	Full Name (Last, First, Middle Initial) U.S. Postal Service Mailing Address 680 N. Apollo Blvd. City Melbourne State FL Zip Code 32935 Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D2-004L2t Date of Disbursement 02 / 02 / 2010 Amount of Each Disbursement this Period 66.00 [MEMO ITEM] Credit Card Item
B.	Full Name (Last, First, Middle Initial) U.S. Postal Service Mailing Address 680 N. Apollo Blvd. City Melbourne State FL Zip Code 32935 Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D3-004L2u Date of Disbursement 02 / 06 / 2010 Amount of Each Disbursement this Period 1.39 [MEMO ITEM] Credit Card Item
C.	Full Name (Last, First, Middle Initial) U.S. Postal Service Mailing Address 680 N. Apollo Blvd. City Melbourne State FL Zip Code 32935 Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D4-004L2v Date of Disbursement 02 / 10 / 2010 Amount of Each Disbursement this Period 1.22 [MEMO ITEM] Credit Card Item

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A.	Full Name (Last, First, Middle Initial) U.S. Postal Service Mailing Address 680 N. Apollo Blvd. City Melbourne State FL Zip Code 32935 Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D5-004L2w Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 1 0 Amount of Each Disbursement this Period 1.22 [MEMO ITEM] Credit Card Item
B.	Full Name (Last, First, Middle Initial) Wal-Mart Stores, Inc. Mailing Address 702 S.W. 8th Street City Bentonville State AR Zip Code 72716 Purpose of Disbursement event supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7-00Kw0E Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 1 0 Amount of Each Disbursement this Period 80.54 [MEMO ITEM] Credit Card Item
C.	Full Name (Last, First, Middle Initial) Visa Mailing Address P. O. Box 30131 City Tampa State FL Zip Code 33630 Purpose of Disbursement no itemization required Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D698-00HS10 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 1 0 Amount of Each Disbursement this Period 382.05

SUBTOTAL of Disbursements This Page (optional) ▶	382.05
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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address P. O. Box 30131

City Tampa State FL Zip Code 33630

Purpose of Disbursement
see memo entries

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D699-00HS11
Date of Disbursement

03 / 24 / 2010

Amount of Each Disbursement this Period

759.27

B.

Full Name (Last, First, Middle Initial)
U.S. Postal Service

Mailing Address 680 N. Apollo Blvd.

City Melbourne State FL Zip Code 32935

Purpose of Disbursement
postage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D1-004L2x
Date of Disbursement

02 / 22 / 2010

Amount of Each Disbursement this Period

2.58

[MEMO ITEM]
Credit Card Item

C.

Full Name (Last, First, Middle Initial)
U.S. Postal Service

Mailing Address 680 N. Apollo Blvd.

City Melbourne State FL Zip Code 32935

Purpose of Disbursement
postage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D2-004L2y
Date of Disbursement

02 / 24 / 2010

Amount of Each Disbursement this Period

5.70

[MEMO ITEM]
Credit Card Item

SUBTOTAL of Disbursements This Page (optional) ▶

759.27

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)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A.	Full Name (Last, First, Middle Initial) U.S. Postal Service Mailing Address 680 N. Apollo Blvd. City Melbourne State FL Zip Code 32935 Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D3-004L2z Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 1 0 Amount of Each Disbursement this Period 8.29 [MEMO ITEM] Credit Card Item
B.	Full Name (Last, First, Middle Initial) U.S. Postal Service Mailing Address 680 N. Apollo Blvd. City Melbourne State FL Zip Code 32935 Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D4-004L30 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 1 0 Amount of Each Disbursement this Period 5.00 [MEMO ITEM] Credit Card Item
C.	Full Name (Last, First, Middle Initial) U.S. Postal Service Mailing Address 680 N. Apollo Blvd. City Melbourne State FL Zip Code 32935 Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D5-004L31 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 1 0 Amount of Each Disbursement this Period 264.00 [MEMO ITEM] Credit Card Item

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

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)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A.	Full Name (Last, First, Middle Initial) U.S. Postal Service Mailing Address 680 N. Apollo Blvd. City Melbourne State FL Zip Code 32935 Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D6-004L32 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 1 0 Amount of Each Disbursement this Period 5.00 [MEMO ITEM] Credit Card Item
B.	Full Name (Last, First, Middle Initial) U.S. Postal Service Mailing Address 680 N. Apollo Blvd. City Melbourne State FL Zip Code 32935 Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7-004L33 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 1 0 Amount of Each Disbursement this Period 264.00 [MEMO ITEM] Credit Card Item
C.	Full Name (Last, First, Middle Initial) U.S. Postal Service Mailing Address 680 N. Apollo Blvd. City Melbourne State FL Zip Code 32935 Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8-004L34 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 1 0 Amount of Each Disbursement this Period 15.35 [MEMO ITEM] Credit Card Item

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

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)

PAGE 101 / 107

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

<p>A. Full Name (Last, First, Middle Initial) U.S. Postal Service</p> <p>Mailing Address 680 N. Apollo Blvd.</p> <p>City Melbourne State FL Zip Code 32935</p> <p>Purpose of Disbursement postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D9-004L35</p> <p>Date of Disbursement MM / DD / YYYY 03 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 176.00</p> <p>[MEMO ITEM] Credit Card Item</p>
<p>B. Full Name (Last, First, Middle Initial) U.S. Postal Service</p> <p>Mailing Address 680 N. Apollo Blvd.</p> <p>City Melbourne State FL Zip Code 32935</p> <p>Purpose of Disbursement postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D10-004L36</p> <p>Date of Disbursement MM / DD / YYYY 03 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 5.70</p> <p>[MEMO ITEM] Credit Card Item</p>
<p>C. Full Name (Last, First, Middle Initial) United Parcel Service</p> <p>Mailing Address 55 Glenlake Parkway</p> <p>City Atlanta State GA Zip Code 30328</p> <p>Purpose of Disbursement delivery</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D11-00N20G</p> <p>Date of Disbursement MM / DD / YYYY 03 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 7.65</p> <p>[MEMO ITEM] Credit Card Item</p>

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A.	Full Name (Last, First, Middle Initial) Visa Mailing Address P. O. Box 30131 City Tampa State FL Zip Code 33630 Purpose of Disbursement no itemization required Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D700-00HS12 Date of Disbursement 03 / 24 / 2010 Amount of Each Disbursement this Period 74.18
B.	Full Name (Last, First, Middle Initial) Robert Watkins & Company Mailing Address 610 S. Boulevard City Tampa State FL Zip Code 33606 Purpose of Disbursement accounting services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D730-001H0Q Date of Disbursement 01 / 04 / 2010 Amount of Each Disbursement this Period 2500.00
C.	Full Name (Last, First, Middle Initial) Robert Watkins & Company Mailing Address 610 S. Boulevard City Tampa State FL Zip Code 33606 Purpose of Disbursement accounting services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D731-001H0R Date of Disbursement 01 / 07 / 2010 Amount of Each Disbursement this Period 102.13

SUBTOTAL of Disbursements This Page (optional) ▶

2676.31

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Robert Watkins & Company</p> <p>Mailing Address 610 S. Boulevard</p> <p>City Tampa State FL Zip Code 33606</p> <p>Purpose of Disbursement accounting services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D732-001H0S</p> <p>Date of Disbursement 02 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Robert Watkins & Company</p> <p>Mailing Address 610 S. Boulevard</p> <p>City Tampa State FL Zip Code 33606</p> <p>Purpose of Disbursement accounting services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D733-001H0T</p> <p>Date of Disbursement 03 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) The James R. Whelan Agency, Inc.</p> <p>Mailing Address 444 Bunker Road, #209</p> <p>City West Palm Beach State FL Zip Code 33405</p> <p>Purpose of Disbursement email services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D734-00rC01</p> <p>Date of Disbursement 03 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 4000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

9000.00

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A.	Full Name (Last, First, Middle Initial) eDonations.com Mailing Address 117 N. Saint Asaph Street City Alexandria State VA Zip Code 22314 Purpose of Disbursement online fundraising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D756-00G300 Date of Disbursement 01 / 06 / 2010 Amount of Each Disbursement this Period 85.33
B.	Full Name (Last, First, Middle Initial) eDonations.com Mailing Address 117 N. Saint Asaph Street City Alexandria State VA Zip Code 22314 Purpose of Disbursement online fundraising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D757-00G30P Date of Disbursement 02 / 02 / 2010 Amount of Each Disbursement this Period 142.13
C.	Full Name (Last, First, Middle Initial) eDonations.com Mailing Address 117 N. Saint Asaph Street City Alexandria State VA Zip Code 22314 Purpose of Disbursement online fundraising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D758-00G30Q Date of Disbursement 03 / 05 / 2010 Amount of Each Disbursement this Period 312.86

SUBTOTAL of Disbursements This Page (optional) ► **540.32**

TOTAL This Period (last page this line number only) ► **110392.47**

**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)

PAGE 105 / 107

<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input checked="" type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A.

Full Name (Last, First, Middle Initial)
Investment Company Institute PAC

Transaction ID: D281-00VV01

Date of Disbursement

Mailing Address 1401 H Street, N.W., #1200

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	0

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

119.05

Purpose of Disbursement
contribution refund

--

Candidate Name
Investment Company Institute PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

119.05

TOTAL This Period (last page this line number only)

119.05

**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)

PAGE 106 / 107

<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input checked="" type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A.

Full Name (Last, First, Middle Initial)
Morrison Plumbing Service

Transaction ID: D325-00st01
Date of Disbursement

Mailing Address 6465 4th Place

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	1	0

City State Zip Code
Vero Beach FL 32968

Amount of Each Disbursement this Period

25.00

Purpose of Disbursement
contribution refund

--

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

25.00

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

25.00

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
 10

NAME OF COMMITTEE (In Full)
Friends of Bill Posey

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bill Posey			Nature of Debt (Purpose): unreimbursed expenses
Mailing Address P. O. Box 360877			
City Melbourne	State FL	ZIP Code 32936	

Outstanding Balance Beginning This Period <input type="text" value="1102.28"/>		Transaction ID: 12	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1102.28"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Data Targeting, Inc.			Nature of Debt (Purpose): mailing services
Mailing Address 6211 N.W. 132nd Street			
City Gainesville	State FL	ZIP Code 32653	

Outstanding Balance Beginning This Period <input type="text" value="2665.47"/>		Transaction ID: 19	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2665.47"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Natl. Assn. of Federal Credit Unions			Nature of Debt (Purpose): event tickets
Mailing Address 3138 N. 10th Street			
City Arlington	State VA	ZIP Code 22201	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: 21	
Amount Incurred This Period <input type="text" value="2750.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2750.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="2750.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text" value="2750.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text" value="2750.00"/>